University of Alberta

Migration and Menopause: Women's Experience of Maturation in Three Immigrant Communities

by

Denise Lee Spitzer ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Department of Anthropology

Edmonton, Alberta
Spring 1998

National Library of Canada
Acquisitions and Bibliographic Services
395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale du Canada
Acquisitions et services bibliographiques
395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-29112-X

Canada

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled, *Migration and Menopause: Women's Experience of Maturation in Three Immigrant Communities*, submitted by Denise Lee Spitzer in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Dr. Pamela J. Brink

Dr. Linda M. Fedigan

Dr. David E. Young

Dr. David Bai

Dr. Dianne Kieren

Dr. Dona Lee Davis

March 13/98
Date

Abstract

Menopause is a biocultural phenomenon that is imbued with cultural, social and personal meaning. This work poses the question: what is the impact of immigration on women's experience of menopause? Women who migrate to another country often undergo changes in socioeconomic status, experience shifts in gender relations and confront disparate ideas about health and aging that include notions about menopause.

In this study, the lives of 33 Chilean, Somali, and Chinese immigrant women were examined. Women generally defined menopause in terms that extended far beyond the realm of the biological and encompassed life transitions and role change. Chilean women were able to contest indigenous meanings of menopause that would have labelled them as asexual and old by extending their relative youthfulness through work and challenging traditional gender roles. Chinese women may have anticipated enjoying a "second youth" during postmenopause in China. As some Chinese newcomers are limited financially and linguistically, making this difficult to fulfill, others are studying English or seeking out social activities to provide some stimulus. Somali women long to enjoy the care and respect they have earned from their children in postmenopause; however, many have been separated from family members during the upheaval in their homeland and immigration process. Still, postmenopausal women may devote themselves fully to Qu'ranic study—an activity that can be carried out in Canada as well as Somalia.

Although immigration has had an impact on women's experience of menopause, women have seized other opportunities to create and re-create meaning for themselves during this life transition.

Acknowledgment

Throughout this research, and my graduate career, I have been fortunate to receive guidance and support from a variety of sources: personal, community and academic. This research project would have been wholly impossible without the tremendous assistance of Wendy Neander, Tom Grauman, Agnes Cheng, Ladan Affi and Abdishakur Jowhar, who encouraged friends and family to participate in the study. Sonia Bitar of Changing Together... A Centre for Immigrant Women not only helped recruit participants at the centre, she generously provided me with the talented and compassionate assistance of Florence Pang. The Somali Women's Group at the Centre for Survivors of Torture and Trauma, Mennonite Centre for Newcomers made me feel most welcome thanks to Mana Ali, Susan Crandall and Laurel Borisenko. I have been privileged to work closely on this project with Mana Ali and Florence Pang who provided not only interpretation and their insights, but their friendships as well.

My academic supervisor, Dr. Pamela J. Brink and committee members, Dr. Linda M. Fedigan and Dr. David E. Young have sustained me through these years of graduate work by both encouraging and challenging me and serving as model teachers and scholars. Dr. David Bai, Dr. Dianne Kieren and Dr. Dona Lee Davis have inspired me in many areas of my academic inquiry and I am grateful for their thoughtful commentary on this dissertation.

Although this work has been a labour of love, the times of doubt, struggle and fear (as well as times of joy and discovery) were eased with the unflagging support of Darlene Bagstad whose door was always open, of Linda Hughes who always knew when to stop by with flowers and a hug and of Carol Murray who cheerfully murmured assent to my intellectual ramblings on our shared porch and offered both friendship and scholarly exchange. I owe, however, the greatest debt to Michel Arpin, editor, friend and companion, whose intellectual curiosity led me on paths I might never have discovered and whose steadfast support nurtured me over the past five years.

Finally, I wish to thank all of the women who shared their time and their stories with me: *Gracias! Mahadsánid! Xiexie!*

TABLE OF CONTENTS

Chapter 1 **Introduction** **p.1**

Migration & Menopause p. 1

Situating the Research Question p. 2

Menopause p. 2

Women and Immigration p. 3

Immigrant Women and Menopause p. 5

Outline of Topics p. 6

Chapter 2 **Theory & Methodology** **p.8**

Critical Perspectives in Medical Anthropology p. 8

Gender & Critical Medical Anthropology p. 9

Towards a Critical Bioculturalism p. 10

The Body p. 12

Global Bodies-Local Bodies p. 13

The Production of Biomedical Knowledge p. 13

Women and Biomedicine p. 14

The Creation of Menopause as Disease p. 15

From Theory to Methodology p. 16

Life Stories of Refugees & Immigrants p. 16

The Ideal Self p. 17

Issues in Representation p. 17

Chapter 3 **"Always Bring Enough Kleenex"**

Reflections on Urban Fieldwork **p.21**

Confessions of an Emerging Urban Anthropologist p. 21

Reflections on Chilean Interviews:

Women, Politics & the Memories of Holocaust p. 22

Reflections on Somali Interviews:

Family, Hospitality & Whiteness p. 25

Reflections on Chinese Interviews:

Stories of Separation, Sensitivity & Language p. 28

Locating Bias – Establishing Rapport p. 31

Chapter 4 Chilean Women p. 34

Introduction p. 34

Chile p. 36

Women and Men p. 36

Childhood and Family p. 38

Politics p. 39

Chilean Immigration to Canada p. 41

Employment p. 43

Edmonton Chilean Community p. 45

Gender and Immigration p. 46

Returning p. 47

Women's Health: Chilean Perspectives p. 48

Health and Healing in Chile p. 48

Menstruation p. 48

Pregnancy and Childbirth p. 50

Menopause p. 50

Attitudes Towards Aging p. 53
Ideal Self p. 54
Life Story: Marjorie p. 55
Theme Analysis p. 63
Theme Analysis of Chilean Interviews (Table 1) p.63
From Exile to Transnational p. 64
Leaving Home p. 64
Surviving p. 65
Always an Outsider p. 67
Roots and Branches p. 68
Changing the Boundaries/Definitions of Womanhood p. 69
Mothers and Daughters/Husbands and Wives p. 69
The Secret Body p. 71
Menopause: No Less a Woman/Fearing Old Age p. 72
Aging: You Go with the Time/
As Young as You Feel p. 73
Conclusion p. 73

Chapter 5 Somali Women p. 76

Introduction p. 76
Somalia p. 79
Women and Men p. 79
Childhood and Family p. 82
Politics p. 83
Somali Immigration to Canada p. 84

Employment, Reunification and Participation in Canadian Life p. 86
Gender and Immigration p. 87
Women's Health: Somali Perspectives p. 89
Health and Healing in Somalia p. 89
Menstruation p. 90
Pregnancy and Childbirth p. 91
Menopause p. 93
Attitudes Towards Aging p. 94
Ideal Self p. 95
Life Story: Amina p. 95
Theme Analysis p. 101
Theme Analysis of Somali Interviews (Table 2) p. 102
Uprootedness p. 102
Paradise Lost p. 102
The Waiting Game p. 103
Here I'm Like a Chicken p. 104
Unsettling p. 105
The Gifts of Womanhood p. 105
For the Children p. 105
Dahir p. 106
Respect p. 107
Conclusion p. 108

Chapter 6 Chinese Women p.110

Introduction p. 110

China p. 112

Women and Men p. 112

Childhood and Family p. 114

Politics p. 115

Chinese Immigration to Canada p. 117

Edmonton Chinese Community p. 118

Employment p. 119

Family in the New World p. 120

Women's Health: Chinese Perspectives p. 122

Health and Healing in China p. 122

Menstruation p. 122

Pregnancy and Childbirth p. 123

Menopause p. 125

Attitudes Towards Aging p. 127

Ideal Self p. 128

Life Story: Ding p. 129

Theme Analysis p. 137

Theme Analysis of Chinese Interviews (Table 3) p. 138

Being Chinese p. 138

For the Family p. 138

Work is What Gives You Meaning p. 139

Truly Transnational p. 140

A Maturing Woman p. 141

Menopause: Freedom From Menses or Embodiment of Trauma? p. 141
Wishes for a Second Youth p. 142
Towards a Happy Old Age p. 142
Conclusion p. 144

Chapter 7 Migration and Menopause p.147

Immigration and the Menopausal Body p. 148
Embodiment and Menopause p. 149
Medicalization and the Commodification of the Menopausal Body p. 152
Role Changes p. 156
The Impact of Immigration on Women's Menopausal Experiences: Negotiating the Meaning of Menopause in a New World p. 157
Future Directions p. 161
Conclusion p. 162

Works Cited p.165

Appendix 1 p.181

Research Methods p. 181
Data Collection p. 181
Interviewing p. 181
A Note about Terms p. 181
Analysis p. 182
Project Outline for Participants p. 183
Consent Form p. 184

Interpreter's Agreement p. 185

Demographic and Personal History p. 186

Life History Interview: Guide to Topics p. 188

Appendix 2 **p.189**

Profiles of Chilean Participants p. 189

Demographic & Personal Characteristics of Chilean Participants p. 191

Appendix 3 **p.192**

Profiles of Somali Participants p. 192

Demographic & Personal Characteristics of Somali Participants p. 193

Appendix 4 **p.194**

Profiles of Chinese Participants p. 194

Demographic & Personal Characteristics of Somali Participants p. 196

List of Tables

Table 1:	Theme Analysis of Chilean Interviews	p. 63
Table 2:	Theme Analysis of Somali Interviews	p. 102
Table 3:	Theme Analysis of Chinese Interviews	p. 138

Chapter 1

INTRODUCTION

Years later, on the boat from Beirut, or before the boat, an hour before, helicopters lifting a white veil of sea.
A woman broken into many women.

Carolyn Forché (1994:3)

A woman broken into many. Forché's poem evokes the restlessness, the recounting of memory and the struggle for meaning of women in diaspora. The experience of one resonates – in various guises – with the experiences of the many. The many include women displaced by the exigencies of war, politics or economy; women separated from families, loved ones or homeland.

Until recently, these women have been invisible; absent from the statistics that enumerate the perpetual border crossings (UN 1995) or blended into the blur of bodies, goods and information that characterize the postmodern world (Shami 1996). Yet the stories of women who have traversed boundaries and settled in a new world are often poignant and courageous stories of conjugating identities, of bearing responsibilities and of holding lightly the tethers of home while negotiating meanings in a new world. These stories, experiences and reflections of women in diaspora that form the core of this research project.

Migration and Menopause

Worldwide, 700 million women are approaching, or have entered, the post-reproductive period of their lives known as menopause[1] (Diczfalusy 1986). Menopause is generally regarded as an endocrine deficiency disease in biomedical discourse; however, women's narratives suggest it is highly polysemic. Endowed with personal, cultural and social meanings, menopause presents as a minefield of shifting intersections between biology, culture, women's status, identity, biomedical discourse and resistance.

The complexity of this subject has the potential of being redoubled in the experiences of immigrant women. Whether they were forced to migrate, re-joined family members or sought greater educational and economic opportunities,

immigrant women confront constant challenges in the course of their daily living. The possibilities of work, family life, community and relationships may be re-arranged, compelling the migrant to locate different avenues and different meanings for lifeways that have seldom remained static, but were fundamentally uncontested in their home environment. This shifting ground of meanings may be concomitant with changes in household configuration, spousal and gender relations and a decline in socioeconomic status.

Women maturing in a new world also encounter competing discourses—both familiar and alien—on aging and menopause. Within this context, they may need to negotiate the expectations and roles of menopausal women designated by their home country and community and those prescribed in the dominant society.

The purpose of this dissertation is to examine the impact of immigration on the menopausal experiences of Chilean, Somali and Chinese women in Canada. This inquiry encompasses the questions: How do women from these three ethnocultural communities experience menopause? What kind of impact does immigration have upon women's menopausal experiences in the context of both health and life cycle? What factors contribute to or lessen this impact? How do biomedical and indigenous views of menopause interact? How can we describe menopause in a way that reflects the diversity of women's experience?

Situating the Research Question

Menopause

Biomedicine began to problematize menopause as the field of endocrinology emerged, allowing for the current suggestion that menopause is a hormone deficiency disease that demands medical intervention (Coney 1994; Oudshoorn 1994). This disease orientation was reinforced by the use of clinical populations for study and symptom check-lists as research tools. Symptom reporting was often confounded by: the inclusion of pre-existing conditions that were concurrent with menopause (Goodman 1980), the tendency for people to comply with circulating stereotypes of a menopausal symptoms (Kaufert and Syrotiuk 1981)

and the ever-changing list of symptoms that coalesce into a menopausal syndrome (Mitteness 1983). Moreover, clinical populations, who are often in greater distress than the population at large, may regard menopause as more critical, supporting the notion of menopause as disease (Ballinger 1985).

The earliest cross-cultural studies of menopause were informed by biomedical understandings and generally focused on the presence or absence of symptoms (c.f. Flint 1974; Sharma and Saxena 1981). Based on the biomedical image of the static, universal and knowable body, these studies hoped to describe the cloak of culture that adorned the exotic non-Westerner, then presumed to remove it to reveal the identical functioning body underneath. The menopausal body, however, cannot be confined to this form of scrutiny.

Groundbreaking work by researchers such Davis (1983); Lock (1993a); Beyene (1989) and George (1985) propose that menopausal experience is neither limited to biomedical understandings, nor necessarily translatable, nor linked to symptom expression nor universally problematic. In my own work, women's valuation of menopause proved to be virtually unrelated to their somatic experiences (Spitzer 1995). More recently, the menopausal body has been linked to local conditions which encompass not only regional differences in biomedical practice and conceptions of the body, but also economic conditions which support role continuity or role change (Davis 1997; George 1996; Lee 1997).

Women and Immigration

In 1968, Canadian immigration policy was altered, facilitating the arrival of migrants from non-European sources (Simmons 1990). In the past thirty years, waves of economic migrants and refugees have entered the country reflecting global upheavals and fluctuating demands for labour. Traditionally regarded as accessories to spousal migration, the presence of women in international migration is considerably underestimated (UN 1995), even though women comprise two thirds of the world's refugees (Bonnerjea 1985). As migrants or refugees, women face similar obstacles to movement across political, social and cultural borders such as admission policies which favour male heads of households and privilege economic concerns over human rights, lack of

recognition of foreign credentials, devaluation of female-dominated occupations, inadequate language skills and paucity of training opportunities and the concentration of women in low wage employment (Bonnerjea 1985; Boyd 1990, 1995).

Uprooted from a homeland, the cultural identity of immigrants is transformed into an ethnic identity – one that is contextualized by the dominant society. Although these identities are highly mutable, the emphasis on maintaining a sense of distinctiveness lies in the domain of kinship and women's role in social reproduction. As Wilson and Frederiksen (1995:3) state: " . . . it is through controlling women that ethnic boundaries can be kept in place and over time demarcate the juncture between internal cohesion and external differences." The pressure to maintain cultural integrity and to adapt to their host country produce a tension that highlights their liminal status.

In their new environment, women must often assume new economic and social roles thus forging new identities and necessitating a shift in domestic arrangements and relations (Buijs 1993; Krulfeld and Camino 1994). In some instances, such as in the Somali communities in Canada, female-headed households are predominant, thrusting women into new wage-earning and decision-making activities (Affi 1997a). Those who remain outside of the workforce may be isolated at home (Ng and Ramierez 1981). Paradoxically, the presence of an established ethnic receiving community may also be problematic, adhering more tenaciously to traditions that may have evolved at home and buffering women's participation in the larger community (Nann 1982).

Not surprisingly, the health status of immigrant women is often compromised. Stress induced ailments such as diabetes and hypertension are not uncommon while those who had lived in refugee camps may have been exposed to various diseases and squalid conditions (Brettel and DeBerjeois 1992). Furthermore, their perspectives on health and illness, notions of appropriate health-seeking behaviour and expectations of health practitioners may collide with those of the dominant society and biomedicine as practiced in the West.[2]

Bhayana (1991) uses the term *healthshock* to refer to the startled experience of both patients and healers contending with divergent health perspectives.

Immigrant Women and Menopause

Israeli research on five ethnic communities suggests that women in more well established communities are capable of coping with the menopausal transition and tend to regard postmenopause in a positive manner; while members of less established communities suffered from a greater number of complaints (Datan, et al. 1981). Working in Vancouver, George (1985) found that Sikh women regarded menopause as a time to be carefree, clean and healthy; attitudes that were shared with other members of the community. The substantial size of the Sikh community in the Lower Mainland also buffered women, to some degree, from the assertions of the medical model that conceptualizes menopause as an endocrine-deficiency disease.

However, not all immigrant women find a refuge of positive reflections and possibilities in their own communities; hence healthshock might well reflect the meeting ground of competing explanations of menopause that derive from biomedical practitioners and immigrant women.[3] Not confining menopause to a physiological/psychological axis, immigrant women may be deprived of the social recognition or ability to take on prestigious roles as this part of her lifecycle. For instance, de Souza (1990), a Toronto nurse, reported that amongst her South Asian clientele, the stress of immigration compounded menopausal distress especially when women anticipated taking on new roles such as becoming a village elder—roles that were impossible to re-create in a Canadian setting.[4] The questions posited by this interaction between biomedical and alternative explanations of menopause and the shifting roles and identities of immigrant women serve as the basis for this exploration of women's menopausal experiences in three diverse ethnocultural communities.

In the next chapter, I will outline the theoretical underpinnings that guided my exploration into the menopausal experiences of immigrant women and discuss how the topic and theoretical framework led to my choice of methodology. In this context, I will also bring to the forefront the issues that arise in the representation and interpretation of the voices of marginalized women.

In Chapter 3, "Always Bring Extra Kleenex", I will reflect on my experience as a fieldworker in my own backyard, working with women whose lives may be both damaged and courageous. In this discussion, I endeavour to recall moments of rapport and confront my own biases that may have had an impact on my work and analysis.

Chapters 4, 5 and 6 provide a parallel overview of my research in the Chilean, Somali and Chinese communities. Beginning with a brief description of each country and women's place in it, I highlight the circumstances that provided the impetus for migration. Next, I situate health perceptions and women's health issues in this arena and present one woman's story from each community to illuminate the dynamic processes and reflection that provide substance to her life. Each chapter ends with a theme analysis encompassing all of the interviews from that community.

Chapter 7 concludes the dissertation with a discussion of the impact of immigration on women's menopausal experiences. The women in this study have often undergone role changes they would not have anticipated at home. In varying degrees, they have accepted or resisted the commodification and medicalization of the menopausal body. In some, we see the embodiment of their distress revealed in their exchanges about menopause and, in all of their narratives, we see women negotiating meanings of the change of life in this new world.

I draw inspiration, as Forché has, from Benjamin's (1968) Angel of History who stares in horror at the scattered lives before him. The scattered lives before us, however, often ravaged from the pain of diaspora, of exile, appear not as

victims of forces beyond them, but as agents laying claim to their lives as maturing menopausal women.

Endnotes

[1] Menopause refers to cessation of menses. In biomedical terms, menopausal status is confirmed following 6-12 months of amenorrhea; thus menopausal status is defined retrospectively. A discussion of the problems in defining menopausal status is contained in Kaufert, et al., 1986. Commonly, menopause encompasses the fluctuations in menstrual cycles women may experience prior to their last menstrual periods (peri-menopause) and the period following cessation of menopause (post-menopause).

[2] The practice of biomedicine is undeniably heterogeneous; see Payer (1988) for a discussion of the variations of biomedical practice in Europe and North America. In discussions with a Egyptian-educated, Somali physician, Dr. Abdishakur Jowhar, the practice of biomedicine in the periphery tends to be more conservative than in the First World or centre.

[3] Competing explanations of menopause are not just the purview of physicians and foreign-born patients; Dickson (1989) discovered that everyday discourse on menopause was supplanted by the scientific authority of biomedicine during encounters with biomedical practitioners and literature.

Chapter 2

THEORY AND METHODOLOGY

> *Simply stated, the tension that exists here is between theorizing women and presenting women.*
>
> *Judith Abwunza (1995:250)*

In this chapter, I will describe the theoretical foundations of my investigation on migration and menopause. This topic encompasses issues of gender; biomedicine and its incipient claims to power; and the geopolitical forces that generate the dynamics of physical and ideational movements across borders. This nexus of forces and discourses connect on social, political and personal levels, demanding a multi-layered inquiry extending from the body to global perspectives and, chronologically, to incorporate historical influences. I draw on critical medical anthropological and feminist perspectives to consider issues of political economy, ideology, the formations of gender and transnationalism and on the works of Foucault to elucidate biomedicine's claims to truth.

Critical Perspectives in Medical Anthropology

Until recently, much of medical anthropology has rested on an ecological paradigm that conceptualizes health as a measure of adaptation (c.f. McElroy and Townsend 1989). This model produces a static and bounded view of culture and society that infers a claim to the primitive wherein pristine cultures are thrust into disequilibrium through culture contact and are compelled to undergo crisis and to either adapt or fail. The ecological model assumes the mantle of scientific authority and freeze-frames cultures in a presumably neutral, bird's eye view. The individual is conceived as a uniform biological entity bearing the attire of culture (Wiley 1992).

Within this pristine, isolated state, practices are labeled as adaptive or maladaptive (presumably by an anthropologist). So-called maladaptive practices, which include child abuse, are explained in individualist terms: "Humans do not invariably make maximally adaptive responses or wise, healthful choices (McElroy and Townsend 1989:102)."

All healing traditions (including biomedicine) are regarded as adaptive mechanisms that enhance a population's ability to cope with the stresses of their environment. The ecological model assumes that behaviours are retained or discarded through the unseen force of natural selection; therefore, the strategies of various economic and social interests disappear from sight, preventing analysis or a critique of power or hegemony.

Countering the ecological model's claims of neutrality, critical medical anthropology focuses on the recognition of class, ethnic and gender interests in producing conditions that influence health and disease. From this viewpoint, biomedicine is conceived as a socially constructed system of healing that is situated in relation to the world economic system. The primary focus of critical medical anthropology is to locate power and its relationship to biomedicine to uncover: who wields it, how it is distributed and how it is expressed in the health care system (Singer and Baer 1995). Although critical medical anthropology asserts itself at a systems level, it supports a telescopic and processual approach that considers the dynamic interaction between social and economic forces, global systems, community, the individual and health outcomes (Morsy 1990).

Gender and Critical Medical Anthropology

Critical and feminist perspectives are concerned with the ways in which biomedicine, and healing practices in general, assert and maintain gender differences on behalf of the elite (Singer and Baer 1995). Gendered perspectives attend to differences in experience and self-knowledge, differential access to resources, the varying impact of work on health, the presence of a gender hierarchy in the health care system, the existence and distribution of gender-specific diseases and gendered notions of the body. A feminist critical medical anthropology can highlight the dynamic relationship of women to dominant

discourses, incumbent in economic, political and social spheres, and the agency of women in resisting these discourses, by claiming knowledge and creating well-being.

Bearing in mind the valuable critiques aimed at Western feminism (c.f. Narayan 1989; Ong 1988), the term *women* is not meant to imply a universal category, but reflects the multitude of identities and experiences that are linked to the female gender across cultural and class boundaries. Likewise, notions of agency and resistance are polymorphic and the tendency to consider them from a Western class-bound perspective must be resisted (di Leonardo 1991). Hence, a critical feminist eye in medical anthropology must be mindful of women's varied positions in relation to the powers effected through world capitalism and locally-defined resistances to it.

Towards a Critical Bioculturalism

As medical anthropology is situated at the juncture between cultural and physical anthropology, the tension between ecological and critical/social constructionist perspectives is heightened. Proponents of an ecological model critique critical medical anthropology for denying biological realities and for forwarding a political agenda that subverts scientific objectivity (Wiley 1992). Critical medical anthropologists counter with the argument that an interest in social origins of disease does not necessarily ignore biology and that the mantle of scientific knowledge and objectivity not only has claims to power, but bears its own inherent political agenda by glossing over social issues (Singer 1993).

Attempts have been made to reconcile these perspectives by focusing on social environment, inequalities and human agency. A model of dialectical adaptation has been proposed that focuses on the attempts of individuals or groups to adapt to their environment where their efforts create other changes necessitating further adaptation (Leatherman, et al. 1993). While this model succeeds in avoiding the image of a static group attempting to maintain homeostasis, it still makes it difficult to describe the lives of marginalized individuals, whose health is continuously compromised, in terms other than their failure to adapt to their environment.

While dialogue between these perspectives continues, the immediate concerns for this work have been to wonder how best then to bring a biological phenomenon into a critical framework. To this end, I have focused on the body as an ever-changing biological entity that is socially-constructed and situated, gendered, and subject to the effects of control evidenced by the body politic.

The body mediates perceptions and experiences of the world; it portrays a social and personal image and contains the realm of the private. Once considered a universal object, a fact of nature, the body is now becoming more complex, fragmented and commodified (Csordas 1994). As Lock (1993b:141) states: "The body, imbued with social meaning, is now historically situated, and becomes not only a signifier of belonging and order, but also an active forum for the expression of dissent and loss, thus ascribing it individual agency. These dual modes of bodily expression—belonging and dissent—are conceptualized as culturally produced and in dialectical exchange with the externalized ongoing performance of social life."

The biological nature of the body, however, cannot be disregarded. It is the mechanism through which we apprehend and express our experience of the world. Bodily functions and bodily desires command our attention as do instances of pain or processes such as aging. As with its symbolic twin, the biological body is multi-dimensional and complex. Rather than a universal or static phenomenon, the body can be quite flexible. For instance, the body fluctuates along with circadian rhythms (Luce 1971), hormone profiles can be altered with changing diets (Hill, et al, 1980) and materials are metabolized differently by either sex (Tavris 1992). Coupled with an understanding of its symbolic potential and notions of the body as the site of surveillance and internalization of the timetable (Foucault 1979), a mutable body may prove to be a useful site of inquiry for menopause as a biocultural and interpretive phenomenon.

The Body

Lock and Scheper-Hughes (1990) posit the body as existing at three levels: the individual body as the focal point of lived experience; the social body that communicates on a symbolic level; and the body politic that pertains to the regulation and control of a collection of bodies. Under late capitalism, the social body has become commodified as the subject of advertising. The effect of this commodification is the pervasive notion that people must endeavour to manage their identity and undertake individual strategies that enhance appearance and further marketability (Lyon and Barbarlet 1994; Turner 1994).

Within the practice of biomedicine, the body is cleaved into two parts: the individual body, and experience of the patient, and a medical body that is under the authority of the practitioner (Lyon and Barbarlet 1994). The medical body is itself part of the consumerist body with the buying and selling of medical knowledge, panaceas, improved body image and spare parts. Health promotion messages emphasize personal responsibility for body maintenance and imply a moral laxitude if the normal aging process is allowed to proceed without resistance (Featherstone 1991).

Although it is the substance of lived experience, the individual body is often removed from personal consciousness unless it is under distress. Bodily sensations are subjective and private experiences that we attempt to share through language – the medium we use to interpret and categorize inner stirrings, linking inner subjectivity with social interaction. Labeling a constellation of signs and symptoms under a commonly accepted rubric allows us to assign public meaning to the phenomenon and orders expectations of behaviour and treatment. For instance, women absorb prevailing descriptions of menopause and learn to categorize sensations in a manner that render them understandable in this framework. Expressing the body's sentiments in an acceptable fashion is indicative of bodily discipline, thus distress, when expressed through the body, is often interpreted via a biomedical meaning rather than emerging as political protest or dissent (Scheper-Hughes 1991).

Global Bodies—Local Bodies

As the body is historically situated and inculcated with social meaning, people who move across borders encounter dissimilar representations and claims to the body. The body might have been the site of torture or trauma or representative of a social identity that is not shared with a new environment.[1] Rather than giving oneself over to their host country, depositing their suitcase of traditions and culture at the border, as traditionally believed, immigrants are now best regarded as transnationals availing themselves of a flexible network of identities and relations that transcend borders (Sørenson 1995). Transnational bodies negotiate divergent notions of: the social body, managing various representations in differing contexts, the medical body, laying claim to indigenous, biomedical and self-knowledge and of the consumerist body—one aspect of the penetration of capitalism into bodily space.

Claims on the body emerge not only from the host society, but from the ties to homeland and to expatriate communities that are linked through the forging of ethnic identity and national consciousness (c.f. Anderson 1991). Ethnic communities themselves may be sites of contention, as they may cling to values and traditions that have been discarded or have evolved at home, yet they provide a source of support and may serve as a conduit to information and materials from a land of origin. In a constantly shifting field of meanings and appropriations, transmigrant bodies juggle identities from near and far in varying contexts. "By maintaining many different racial, national, and ethnic identities, transmigrants are able to express their resistance to the global political and economic situations that engulf them, even as they accommodate themselves to living conditions marked by vulnerability and insecurity (Schiller et al. 1992:11)."

The Production of Biomedical Knowledge

Foucault's (1975) inquiry into the origins of the clinic has worked to dismantle the notion of a continuous history of biomedicine from Hippocrates to the present. Prior to the 18th century, the body was regarded by European

physicians as a miasma bound by skin and skeleton—a place of mysterious flows in undifferentiated space. By the end of the 18th century, the body took on a more economic value and was laid open to public scrutiny through executions and to the formulations of the medical gaze through clinical examinations (Duden 1991; Foucault 1975). Under the medical gaze, a disease could be revealed by reading it *in* the patient. Thus disease was considered to be reproduced in a uniform manner in all bodies that were presumably uniformly functioning. This decontextualized, depersonalized and depoliticized mode of observation is the cornerstone of practice that gave rise to the biomedical body of knowledge. Entwined with interests of the state, industry and colonialism, biomedical discourse predominated.

Women and Biomedicine

Expressing its hegemonic character, biomedical knowledge readily displaces women's understandings which are deemed subjective and inferior. Recovering women's self-knowledge is not meant to devolve to an essentialist project, but to reveal the masculine bias in scientific authority and locate the historical, social and ideological factors in its development (Code 1991); in essence, to investigate and undermine biomedical discourse.

The credibility and power of biomedicine is, in part, located in its authority to label and sanction behaviour as deviant or diseased, thereby allocating a person to home or hospital or declaring one fit for labour or combat (Zola 1972). Reflective of social expectations, disease labels are conveniently a way of 'categorizing adversity'—real or imagined. Hence Victorian women who deigned to study were assured to succumb to a dramatic menopausal syndrome (Smith-Rosenberg 1974); African American slaves who attempted to flee from their masters in the 19th century suffered from drapetomania (Szaz 1994); and a young North American woman who expresses anger is at risk of being regarded a PMS sufferer (Lock and Scheper-Hughes 1990). Labeling a woman as suffering from menopausal symptoms or a menopausal syndrome, projects a host of meanings and notions of appropriate response and behaviours.

The Creation of Menopause as Disease

In the 20th century, the body has begun to be conceived as a bounded, chemically-mediated entity, subject to the scrutiny and revelations of scientific reason. Building on Victorian notions of body and gender difference, sex hormones were conceived as the chemical agents of masculinity and femininity. Through the linkages between pharmaceutical companies, lab scientists and clinics, female sex hormone preparations were researched and promoted in journals sponsored by pharmaceutical companies (Oudshoorn 1994). By the 1930s, menopause became identified as a hormone deficiency ailment and served as the target of advertising campaigns to promote hormonal remedies. The production of synthetic estrogens in the 1950s gave impetus to more aggressive marketing of the 'menopause as disease' metaphor (MacPherson 1981).

When estrogen therapy became linked to endometrial cancer and gallbladder disease, its use declined; however, the addition of progesterones to the cocktail of hormone replacement therapy (HRT) has ameliorated some problems although adding to others.[2] To counter the risks of cancer, prevention of both osteoporosis and coronary heart disease were added to the list of benefits of HRT use (Coney 1994). It is at the edges of these HRT claims that the efforts to medicalize menopause and women's bodies are most evident. Osteoporosis does appear to benefit from HRT; however, its origins reach farther back into a woman's life cycle than mid-life and are linked with life-long nutritional status and exercise. Access to decent nutrition, and both time and a safe place to get exercise, are social issues that are not easily remedied. Hence, the use of HRT to retard bone loss at a later age is an example of the depoliticizing effects of biomedicine where an attempt is made to ameliorate social problems by medical means (MacPherson 1985). The well-publicized claims that HRT reduces the risk of coronary heart disease (CHD) in women stems most likely from a desire to increase the market for the product. In terms of the disease, mid-life men in the United States die from CHD at rates double that of women of a similar age (Coney 1994), yet men are not yet promised an elixir to combat the effects of aging or future infirmities.[3]

The medicalization of menopause has not been as complete some might have hoped (Odens, et al. 1992); however, in medical and popular discourse, it has colonized women's bodies and normal lifecycle. This process of medicalization is not neutral, but is inextricably linked to the position of pharmaceutical companies in world capitalism and the function of biomedicine in exercising its power to label, control and sanction behaviour.[4]

From Theory to Methodology

How does immigration have an impact on women's menopausal experiences? I have attempted to describe how this question demands attention to issues of power, gender, health and political economy as they interact with countries, communities and individuals. Hence, the theoretical perspectives that inform this study demand an approach that can contextualize the dynamic interactions between: global and local identities and the political economic context for migration; the acceptance of, and resistance to biomedical, indigenous and individual knowledge of the menopausal body under hegemonic conditions; and changing gender roles that intersect shifts in cultural and class identities.

Harding (1987) differentiates between research methods, the technique for collecting information, from methodology, the theory and analysis of how research should proceed.[5] An appropriate methodology for addressing these questions must focus on the shifting fields of lived experience and the process of immigration in context of a woman's life cycle. Life stories provide the necessary holism required to incorporate these theoretical considerations.

Life Stories of Refugees & Immigrants

Life stories are personal narratives that provide insight into the construction of identity, social relations and the dynamics of power (Bertaux 1981; Kaufman 1986; Personal Narratives Group 1989). Life stories of marginalized women reveal understandings of gender and social relations that may counter dominant

life trajectories. In some instances, narrative accounts can mimic story telling, or gossiping, that may constitute a more familiar form of interaction than that offered by a formalized interview guide.[6] Encouraging their stories is a way of giving voice to women whose accounts are generally submerged (Geiger 1986).

Soliciting life stories demands considerable reflexivity from both the narrator and recorder which enrichens analysis, but may also sensitize the narrator in other ways as will be described in Chapter 3. Sharing one's personal narrative enhances the speaker's position and highlights their ability to act as an agent of change in their life story (Watson and Watson-Franke 1985).

The Ideal Self

People seldom adhere strictly to culturally-sanctioned behaviours, yet the extent that their expectations espouse a cultural ideal is an important measure of anticipated norms. Watson and Watson-Franke (1985) utilize the notion of the ideal self to refer to descriptions of normative or ideal behaviour and the self-appraisal inherent in seeing how one's life compares to these ideals. The ideal self is revealed in interpersonal demands as well as individual aspirations. Highlighting the boundaries of this ideal self also marks cultural themes and how they influence social action (Watson and Watson-Franke 1985). Asking participants to compare their ideal self with lived experience helps assess the impact of social forces and human agency on their lives.

Kaufman's (1986) study of the elderly demonstrated that self identity extends far beyond a social role. People reflected on their life path in reference to the ideal, but negotiated the discrepancies to provide meaning to their present and future. In this study, participants were encouraged to focus on these discrepancies to assess the impact of immigration on their current life status.

Issues in Representation

Postmodern turns in anthropology have necessarily posed a challenge to the authorial position of the anthropologist as representer and interpreter of experience. The insistence on deconstructing this authority has led to both

experimentations with text and reflexive tracts that position the anthropologist as author vis-à-vis her subject. Concomitantly, Western feminism has been compelled to re-think its universalist position towards women's oppression. This position has served to: white out the role of Western women in the oppression of women of colour, essentialize the experiences of non-Western women and/or presume the aspirations of non-Western women to be identical with the goals of Western feminism.

The criticism from postmodern and non-Western quarters shakes the ability of feminists to assume solidarity with women across the globe and asserts a pull towards postmodern relativism that denies the universal category of women. Feminists have wondered at how the rejection of grand narratives which includes international feminism has also resulted in effectively dismantling notions such as patriarchy (Cole 1995). Harding (1991:113) remains suspicious of these efforts suggesting that: "Relativism . . . is a response of the powerful that attempts to preserve the legitimacy of their claims in the face of contrary evidence: 'You have your views, I have mine. Who is to claim value-free grounds upon which to say that one is better than the other?'"

The ability of anthropologists or others to represent the experiences of the Other is drawn into question. For theorists such as Spivak, representational realism constitutes a hegemonic form that presumes a straightforward reflection or revelation of marginalized groups such as women and suggests that efforts to bring women's voices forward are often unaware of the limits to intersubjectivity and interpretation (Ganguly 1992).

Feminist anthropologists subsequently tred through this minefield, aware of the multiple meanings of women's experience, yet wishing to stand alongside their subjects in an effort to bring forward their experience.[7] At times, the debates around representation and the impossibility of theorizing a universal female experience imply that marginalized women are consistently ill-served by the well-meaning efforts of anthropologists and other feminists in bringing forward their voices. These critiques resonate with demands for a purity that negates the possibility of human experience. While the necessity to unpack white

privilege and situate oneself in the interpretive process is vital to decentering the authority of the anthropologist, the emphasis on purity and perfection can readily paralyze efforts at understanding, however partial. Translation theorist, Robinson (1991) argues that the quest for purity and perfection in the act of translation originates in Christian myth that must be overthrown in favour of an empathetic transformation. Rejecting the absolutism and belief in perfection in the act of forwarding subaltern voices, we can endeavour most emphatically to "do our best."

"Doing our best" means acknowledging our privilege and position; entering into other regions with respect and invitation; it means being willing to listen and to stand back when asked. Doing our best suggests that our understandings are processual and demand reflexivity and flexibility, allowing ourselves to be open to other innovations in research and representation. To decline to work with marginalized women because of the untoward implications may be a greater disservice. "Given our privileges, there is greater betrayal in allowing our personal doubts to stand in the way of representing their claims, interests, and perspectives. The greater betrayal lies in refusing to recognize informants as active cultural producers in their own right, whose voices insist on being heard and can make a difference in the way we think about their lives (Ong 1995:354)."

Fragmented identities, Harding (1987) asserts, are a source of insight. As humans employ a multitude of these identities, we connect and remain separate in a variety of contexts. Concerning ourselves with what we have in common and what divides us, may be where our learning lies (Phillips 1995). Dichotomizing our positions as self and other assumes that we remain fossilized in a role and denies the multi-faceted nature of lived experiences. "By working with the assumption of difference in sameness, of a self that participates in multiple identifications, and an other that is also partially the self, we might be moving beyond the impasse of the fixed self/other or subject/object divide . . . (Abu-Lughod 1990:25-26)."

In the next chapter, I describe how these points of articulation and disjunction have served as points of reflection and have coloured my work with women from three disparate communities.

Endnotes

[1] For example, women who have been circumcised in their homeland confront a totally disparate view of a "normal" female body in the West where they are labeled as mutilated.

[2] Progesterones induce symptoms of premenstrual syndrome in 25% of women using HRT (Coney 1994).

[3] This oversight may soon be remedied as hormonal treatment for so-called male menopause or andropause is being touted as a burgeoning field.

[4] At a recent conference on menopause, a prominent speaker addressed the need for compliance and surveillance, to ensure that women who receive HRT prescriptions actually take the medication, as the majority do not. The message implicit in the presentation was that biomedical practitioners have the power, and duty, to observe and regulate the practices of their patients.

[5] See Appendix 1 for a discussion of research methods that also includes the project outline, interview guide and consent forms.

[6] This is not to say that this approach is universally familiar and indeed still takes place in the context of an interview, an unequal and often alien form of communication. However, in some cultural contexts (e.g. Somali) storytelling is a common form of expression and may be a less daunting method for informants than a structured interview or questionnaire.

[7] c.f. Strathern (1987) for a discussion of the tensions between anthropology and feminism.

Chapter 3

"ALWAYS BRING ENOUGH KLEENEX": REFLECTIONS ON URBAN FIELDWORK

> *"The researcher thus appears in the analysis not as an invisible, anonymous, disembodied voice of authority but as a real, historical individual with concrete, specific desires and interests – and ones that are often in tension with each other. Since these characteristics of the researcher are part of the evidence readers need to evaluate the results of research, they are presented with those results."*
>
> *Sally Cole 1995:195*

Confessions of an Emerging Urban Anthropologist

"Is it really fieldwork?" I wondered as I headed out to Scarborough on a Toronto subway train. The sight of a non-descript middle-aged woman peering out the subway window, does not cry out "anthropologist" to the observer – although I found some comfort in that anonymity. "Is it really fieldwork?" I was certain my colleagues were thinking. It was unlike the images of fieldwork I had read about or heard recounted by professors and students; and in some ways – I felt like I was cheating. Fieldwork is a rite of passage for anthropologists; it provides fodder for scholarly analysis, classroom lectures and cocktail party conversations. Other than the occasional mishandling of Toronto subway tokens, my fieldwork took place in ostensibly familiar territory, or if unfamiliar, one that led me back at day's end to a hotel on Bloor Street or home.

My fieldwork was conducted in fits and starts over a three year period, tucked in between work, volunteer engagements and scraps of home life. Yet in some sense, I never left the field. The field exists for me on two levels: it encompasses the greater community in which I live and consists of the spheres of ethnic communities with which the participants identify and with which I connect

through activities and friendships. Over the years, I have tried to make myself available, and useful, by engaging in community activities and working to establish a reciprocal relationship with members of the participating communities. I volunteered with the Somali Women's Group, tutored women, attended community events, bought raffle tickets and wrote letters of support. All of this kept me busy, but did not seem to be enough to repay those who helped me by convincing their friends to talk to me or by introducing me to people or, in the case of Changing Together. . . A Centre for Immigrant Women, by offering me the talents and efforts of one of their staff to work with me.

Because I continue to live in the field, I consider that my fieldwork will not terminate for years. Urban fieldwork does not proffer the separation of time and space that overseas fieldwork affords. Time for data collection and reflection are relegated to moments in-between obligations and exhaustion. I am committed to following through with sharing what I have learned—and what participants have taught me—in a way that may create positive changes in their lives or the lives of their co-ethnics. I am certain that many overseas fieldworkers long to maintain contact with their informants and to offer their expertise or advocacy, yet fieldwork at home makes that not only possible, but compulsory.

Souvenirs of my fieldwork include a traditional wall-hanging woven by Amina when we first visited, a bottle of Arabic perfume, memories of many cups of tea, halwa, black bean pudding and the reverberations of the stories entrusted to my care. My reflections on conducting this research at home in communities that are, at once, near and far, resonate in the echo of these stories.

Reflections on Chilean Interviews: Women, Politics & the Memories of Holocaust

A muddied January day, the sun, a grey streak low in the sky. I am going to meet with Marjorie, driving through the onset of rush hour traffic, weeping as I listen to a recording of Celan reading *Todesfüge*:

"Er ruft spielt süßer den Tod der Tod ist ein Meister aus Deutschland, er ruft streicht dunkler die Geigen dann steigt ihr als Rauch in die Luft, dann habt ihr ein Grab in den Wolken da liegt man nicht eng (Celan 1988 [1952]:62)."

"He shouts play death more sweetly this Death is a master from Deutschland, he shouts scrape your strings darker you'll rise then as smoke to the sky you'll have a grave then in the clouds where you won't lie too cramped (transl. Felsteiner 1995:31)."

My immediate family left Europe in the early 1900s, fleeing pogroms and anti-Semitism. The Holocaust, however, has been embedded in my memory, part of a history of grisly oppressions which serve as a core of both secular and religious Jewish consciousness. Admittedly my own Jewish identity was forged less by religious training than by the taunts and death threats that punctuated my girlhood, reminding me I was an outsider, the Other in their midst. Through the wise counsel of my parents, I learned to translate the pain and confusion I felt into a sense of solidarity with others who were oppressed and a desire for social justice.

This work evokes all of these sentiments. I think of the Holocaust and the Chilean women I have worked with, women who have suffered for believing in a just society or marrying someone who did or helping people learn to read or voting for the wrong party. I try to imagine their fear as I have tried to imagine the fear of the Jews in Europe, wondering when the knock on the door will come, waiting for the ones who are taken away to return (if they ever do) and making the decision to leave, and now, possibly not return. I think, in their position, I would not be so brave.

I moved to Canada in 1976 at a time when many Chileans were immigrating as well. For years I joined the marches on September 11th,[1] worked in a bookstore that was a meeting place for *politicos* debating the benefits of armed struggle or the wisdom of forming coalitions and attended the benefits, shouting *Presente*! when Allende's name was invoked.

One of my interests in conducting research in this community was to see what had become of the women I had stood in solidarity with twenty years ago. Many of the women I knew had moved on, only Marta and I had some shared history. I soon realized that I longed for the women I interviewed to know I was a *companera,* to know that I was not unfamiliar with the struggles in their homeland, that I had some claim—legitimate or not— to conduct research in their community. Thanks to the generous assistance of two friends and colleagues, I had little difficulty in recruiting women to participate in the study, yet I desperately wanted them to know I was somehow worthy of being a witness to their stories. These women had sacrificed a tremendous amount: family, homeland, the ability to trust neighbours, former friends, even family members; they acted bravely in facing down agents of an authoritarian regime, in wrenching themselves from family and friends to create a life in a new world. In many ways, they were more courageous than I could fathom.

Most of the women are now engaged in volunteer work in the Chilean community: working to promote and preserve Chilean heritage or volunteering at the church. The shift from political work to promoting cultural identity reflected the change in the political situation in Chile as well as the decision of many Chileans to remain in Canada. For some, however, these changes reflected their disillusionment with political engagement. Women had played a major role in the abdication of Pinochet and the democratization of Chile, surely I thought, they would have taken pride in these achievements; instead they appeared to set their sights on those closer to them—family and community. Bearing children, not political struggle, was continually cited as the most important part of a woman's life.

Somehow, I was not prepared at first to acknowledge these sentiments. I clung to my romantic vision of women organizing, rising up against an oppressive regime, demanding justice and waking the dead with the din of banging pots and pans. As a woman, childless by choice, I could not quite fathom how a family and a seemingly traditional female role could be more impressive than fighting great injustices. Importantly, what I presumed to be my

point of connection with Chilean women had been subverted, and my point of disconnection with most women, my childlessness, became ever more poignant. Where was I going to re-connect?

Suppressing my anxiety (and my expectations as an armchair anarchist), I soon discovered that the women I interviewed were reaching out to me. I had assumed that making connections was my responsibility and, although it may well be, I had underestimated the role that these women played in volunteering their stories and insisting upon our mutual connection. As Marjorie said as we ended our conversation: "The pain, I think is the ancestral pain of women, and that is why I think it doesn't matter if you are Canadian, born here in Canada, or born in Chile, or whatever. At some point in our consciousness, all women will come to share one common place and it's at our very core."

Reflections on Somali Interviews: Family, Hospitality and Whiteness

The apartment towers that surround an open courtyard near Toronto's Pearson airport are home to a large number of recent Somali refugees to Canada. A number of women are seated on Somali-style couches that line the living room. More arrive every few minutes, women of all ages, exchanging greetings and taking a cool drink from a silver platter offered by our host's daughter. Aman, a 70-year old wizened woman is dancing provocatively in the middle of the room to a song performed by a Somali pop star at a benefit concert playing on the VCR. Women are clapping, some join in. Jamilla, a student in her 20s turns to me and confides that such dancing was considered shameful in central Somalia. The mamas, as the elder women are known, don't seem to care.

Our interview turns into a women's party, reminiscent of the ones we had years ago. Even the sounds that rise up from the courtyard of people talking and children playing resonate with the neighbourly noises of my housing co-op on a summer's evening. The familiarity of the sisterhood, of the playful imagery and cacophony lull me into a sense of belonging that may well be deceptive. I am here

by the good graces of my friend Mana. Mana is an amazingly gifted interpreter, she embodies the speaker, moving into our intonation, our gestures; her interpolations are unintrusive finding their way into the rhythm of our exchanges. The hospitality that has been extended to us and the facilitation offered by Mana is considerable; I feel at home until I glimpse myself in the elevator mirror on our way home.

I left home when I was young, traveling to Europe, immigrating to Canada alone and living for years in various parts of Asia. I learned to adapt, to adjust myself to different interpersonal space; unconsciously I adopt accents, change my table manners, giggle with my hand covering my mouth. Sometimes my unwitting guises are successful: I've been identified as Rom, Punjabi, Eurasian. I don't look in mirrors, so sometimes I almost fool myself.

But how could the Somali women I speak to forget? The Somalia inquiry is being terminated; the brutality of Canadian forces in Somalia no longer headline news. The Minister of Immigration announces that Somalis without proper documentation must wait five years before applying for landed immigrancy status. I cannot imagine how I can be perceived as anything but another Canadian, a representative of a country that has provided asylum, but robbed them of the dignity of work, education or family reunification. Canada, a country where the image of Somalia is forever linked with the gruesome pictures of the torture of Shidane Arone on television news. "We were rich, our country was plentiful," the women tell me over and over again. "We're not just a bunch of black nomads," another insists. I see the pride in their faces, I believe them and I realize they want me to tell others to believe it, too.

Still, I want to apologize and I want absolution. I want to ask forgiveness for the racist immigration policies, for the landlords that won't rent to them, for the taunts their children receive, for any injustices that befall them in what should be a place of refuge. I want to be associated with the tradition of Canadian friends of Somalis, people like Margaret Laurence. Laurence, although criticized for her colonialist stance and for exoticizing Somali culture, was a great admirer of the

Somali people and culture and was one of few English translators of Somali poetry.

I am not Margaret Laurence, my meagre attempts to learn Somali dissipated while I attended to other details of my life. I feel uncomfortable with the mainstream image and I disgust myself with my response. I remind myself about the ostensible lack of choice about the circumstances of our birth. Recognizing my own privilege and demonstrating a willingness to support people at every turn, I remind myself, is more useful than guilt. In the subsequent months, I badger politicians and policymakers about the waiting period for landed immigrant status, about identification and the narrow definitions of family in immigration policy whenever I have the opportunity; I commit myself to mentioning the implications of immigration regulations whenever I present this research data. Perhaps, I hope, this is what these women entrusted me to do.

Women's willingness to participate in the study was effected through friendships and kinship ties, but perhaps some were also curious. Few of the women had contact with non-Somali Canadians; they understood that I was to answer their questions just as they had answered to mine. "What kind of relationship do you have with your parents?" "How many children do you have?" "Were you a virgin when you got married?" Although the last question, and its response, brought on gales of laughter and tittering from the daughters who sat in on one woman's interview, the questions about the relationship with family were generally more difficult to address.

"You must always honour your mother", women would tell me, "She carried you for nine months and suffered for you all her life." I would reply vaguely, knowing their notion of honouring or taking care of my parents, staying close by, sharing my thoughts and desires, were far from what I was capable or willing to do—or what my parents would expect. Yet, I feel like I have betrayed them somewhat, portraying myself as a dutiful daughter when I do not meet even the minimum Western standards for such an appellation. I try to imagine growing up in a home filled with loving relatives, the guiding hands of mothers and aunties and the joyful energy of siblings and cousins so close by. My memories of

family are claustrophobic—thus conjuring an idyllic image of the Somali family seems unreal, leaving me feeling simultaneously envious and disbelieving. In essence, the obvious tenderness displayed between family members I met and the prominence of the family in Somali life underscored my sense of disconnection with family and preference for chosen affinity groups.

If family proved to be a source of my discomfort, religion proved to be a point of solidarity. My first interview took place near Halloween; Amina's daughter explained to her son why he was not going to attend the school Halloween party in the morning. "It's not a celebration for Muslims," she explained gently, but to the six-year old missing a party, it was not thoroughly convincing. He looked to me for support, I presume, and I told him about staying away from the school Christmas parties because I'm Jewish. "We have other holidays," I tried to assure him, "ones those other kids don't celebrate, right?" His mother looked relieved.

The sense of Otherness that we shared because of our religious affiliations was readily seized as a source of connection. As one of my Hebrew school teachers reminded us, Jews and Moslems were historically friends, experiencing terror and oppression in 15th century Spain, thus natural allies until the formation of the state of Israel. By placing ourselves in a position opposite Christian Canadians, we allied ourselves through our sense of difference.

Reflections on Chinese Interviews: Stories of Separation, Sensitivity & Language

An achingly cold night, I am returning home from interviewing Ding. Separated at birth, Sarah worked for years to bring Ding, the sister she never knew, from China. On the way home, my associate and interpreter, Florence and I discuss the way in which these interviews cause her to reflect on growing older and disturb us as most women inevitably dissolve into tears. We always remember to bring enough Kleenex, we laugh. By the time I get home, I am unable to repress the underlying doubts I have about undertaking this project at

all. Do I have any right to dredge up memories, to probe into the wounds of childhood, of exile, of womanhood? My neighbour Carol is shoveling the walk and holds me as I pour out my doubts. As another doctoral student in Anthropology, we have discussed on many occasions these issues which risk paralyzing our efforts. I share my disquiet with my partner Michel, who while handing me some Kleenex, suggests that these tears are cathartic, in part a response to an attentive ear as these women's lives are for the most part ignored, invisible.

Whether we sit at the kitchen table or in an empty ESL classroom, the wrenchingly painful stories of separation spill out in the course of these interviews. Some women were raised by friends of the family, others barely saw their fathers, one was placed in school in Beijing when the border between Hong Kong and China were closed, sealing her off from family members. I was unprepared for the agony of abandonment that these interviews invoked, but Florence and I adapted, learning when to change the subject to one less painful, when to give remarks of encouragement or when to just pause with a hand lightly on hers while proffering a Kleenex with the other. Often we cried, too. Fortunately, Florence worked as a community outreach worker for the immigrant women's centre and followed up with women who were isolated or required resources. Florence's compassion and readiness to help other women alleviated much of my concern about the aftermath of our interviews, for this I am eternally grateful.

On the drive home we barely discussed whether our empathy interfered somehow in the interview process. Our purpose is not to objectify these women, I would repeat to myself, but to hear their stories, without judgment; being moved by their testimonies could not possibly be detrimental. Or could it? Listening to the tapes of the interviews, tears would still well up, yet I was also aware of how I skirted around issues that were relevant to the study, sometimes missing opportunities to delve into certain questions, sometimes skipping them completely because they touched areas of sensitivity. My uneasiness with purposefully causing discomfort with informants left me with numerous blanks

in the data that occupied different areas depending upon the community and the individual. Amongst the Somali women, some hesitated to talk about age at menarche, others felt that questions about the number of children were impertinent, but gleefully brought up sex. Marital status was not spoken of in some interviews. Some Chinese women would hesitate to recall ages of menarche and menopause even though they would discuss the subject. I am not able to make a conjecture about the possible reasons for these silences and taboos around these subjects as they were not necessarily widespread, yet I felt incapable of venturing across the borders of the unspeakable.

How far should I probe? I have always believed that, like physicians, the first business of anthropologists is to do no harm; therefore, I have tread as carefully as I could around sensitive issues, always delighted when people were willing to share information with me, but always maintaining that it was a participant's right to disclose as much or as little as she felt comfortable with. This attitude has at times left me with the nagging doubt that I am not going far enough to retrieve information; a doubt that I would prefer to entertain rather than risk violating women's trust.

This sharing of tears, however, did a great deal to enhance my relationship with the Chinese informants. As an adolescent, I entertained Maoism and still hold to the belief that the Chinese Communist revolution was one of the most extraordinary events of this century. Although my enthusiasm for the Chinese state and Chinese Communist Party has waned considerably, I needed to overcome my bias in interviewing women whose families were supporters of the Guomindang,[2] the corrupt military rulers of China led by Chiang Kai-Shek. I was also wary of people who came to Canada for economic gain, believing it more noble for people to flee totalitarian regimes or war or to desire greater education as opposed to seeking business opportunities. Regardless of the reasons women left China, Taiwan or Hong Kong, most experienced a decline in socioeconomic status, feelings of isolation and a loss of meaningful activities. Perhaps their plight was even more difficult than women who came as refugees or for political reasons. These women were more inclined to measure their difficulties in the

settlement process against the dangers of staying at home; therefore, adjusting to life in Canada would invariably appeared less painful. Joining family members or trying to establish economic ventures are themselves difficult processes and do not always live up to expectations. Touching upon that common experience of pain that Marjorie articulated so eloquently, allowed me to place the woman in the foreground and while I was ever mindful of the context of her immigration, I was compelled to make an even greater concerted effort to see migration from her perspective, placing it in context of the world economic system for which she was not responsible.

Lastly, I bore a sense of dissatisfaction with myself for requiring an interpreter for these interviews. Of the women who chose to be interviewed in a Chinese language, most were Cantonese speakers; for which an interpreter was absolutely necessary. A few women, however, were Mandarin speakers. As I have an undergraduate degree in that language, I felt I should have been able to communicate; my inability to speak Somali was not subject to the same sense of expectation—and failure. Six years elapsed since I actively used Mandarin, I suffered a rapid decline in conversational ability despite retaining an acceptable level of listening comprehension. As a result, I asked questions in English and often repeated the response in English with Florence to ensure I had comprehended it. Florence's facility with both Cantonese and Mandarin was crucial to conducting the interviews as some speakers moved back and forth between both dialects and English just as they had moved between southern China or Hong Kong and northern China, Taiwan and Canada. The mediation of an interpreter, although highly skilled and congenial, was for me a source of frustration stemming from my own inadequacies.

Locating Bias – Establishing Rapport

This rudimentary confessional tale is meant to reveal some elements of my bias and provide an outline to the relationships I forged with participants. Such a self-examination can only be partial and will undoubtedly change in time;

however, the reader is also equipped with the outsider's perspective that may provide greater insights into the author's bias and intent.

The brief insights that revealed themselves in the course of this writing suggest that much of this examination turns on issues of race, religion, politics and the possibility of sisterhood, yet these topics emerged often in surprising ways. In each community, and in many instances, the issues that I presumed would serve as common ground had shifted, revealing gaps and other areas of attachment. Moreover, participants themselves were actively searching for moments and issues of connection, through our experience as women or as members of a minority group who had survived a history of oppression.

Laying the foundation for rapport is a long-term process. Any facility I had in encouraging participation or invoking a sense of trust stemmed from on-going participation in cultural community and political activities. Through these efforts, I managed to make my presence known directly to women who volunteered to participate in the study or to other community activists who served as intermediaries or interpreters. I strongly believe that without long-term commitment to working with marginalized women, much of this work would have been impossible.

Despite mutual efforts to establish rapport, my status as a middle-class, middle-aged Euro-Canadian researcher associated with an institution cannot be denied. Privilege is often difficult to unpack especially when it appears minor in comparison to media images of affluence and power. The privileges associated with such a position, seemingly negligible as a graduate student, are for those outside of the academy quite substantial. Moreover, as an immigrant to Canada, I can compare the relative ease with which I immigrated with the obstacles, systemic racism and isolation faced by many of the women I interviewed. From the onset, the potential we had to affect our lives in this new world of Canada differed and continues to shape our daily experiences and hopes for the future.

Because privilege is so difficult to discard, it must be used to serve those who are awarded less. I recognize that despite my best intentions, the participants have given to me far more than I can possibly give back to them. I am humbled

by their generosity and am compelled to reject the more pessimistic proclamations that sisterhood is impossible that were discussed in the previous chapter. I have been assured through the course of these interactions, that although imperfect, sisterhood is more necessary than ever.

Endnotes

[1] On September 11, 1973, the democratically-elected government of Salvador Allende was overthrown in a coup d'état headed by Gen. Augusto Pinochet.

[2] Guomindang is the Pinyin spelling for the Chinese Nationalist Party also known as the Kuomintang (KMT).

Chapter 4

CHILEAN WOMEN

"Dictatorships are not merely people with knives and huge boots, like characters in fairy tales. Rather, they rely upon skillful destroyers of society and communication. They make us drink the wine of loneliness in exchange for the din and joy of the cafés and forced us to exist in a permanent state of mistrust, fear and silence." *Marjorie Agosin 1996:26*

Introduction

September 11, 1973 remains a pivotal day in history and in the lives of the eleven Chilean women in this study.[1] The violent overthrow of the democratically elected government of Chile, the assassination of its President Salvador Allende, and the ensuing terror, tore into the fabric of Chile's social life and rendered families in tatters. For those who were compelled to—and were able—exile was a necessary alternative to a life of constant fear or possible death.

The Chilean state was constructed in a multi-ethnic region on the southwest coast of South America and included Spaniards, Creoles and an indigenous population. Following an eight year war of independence from Spain, the Creoles who formed the new government called upon all inhabitants of the area to imagine themselves as children of mother Chile in opposition to the oppression of colonial rule (Felsteiner 1983). Chile emerged primarily as an agricultural country, presumably lacking in valuable resources. In the mid 19th century, its status changed as Chile became the first producer of copper in the world. The emerging copper industry drew workers from overseas and harsh working conditions radicalized the emerging working classes (MacEoin 1974).

In 1912, the Socialist Worker's Party was founded, later becoming the Communist Party of Chile. In 1933, the Socialist Party was formed; among its founders was Dr. Salvador Allende. In his presidential bid in 1958, as head of a leftist coalition, Allende lost by 33,000 votes. During the 1960s, the infiltration of

US-based transnational companies in mining and communication who were remitting profits to the United States, caused a tremendous drain on Chilean economy. For this already highly stratified society in which the majority of people lived in poor to marginal conditions, the dream of a socialist society was appealing and in 1970, Allende was elected president as part of a centre-left coalition receiving 39,000 votes more than his opponent (MacEoin 1974; Sagaris 1996).

Allende's first step towards building socialism would be to end the power of monopolistic capitalism and large landowners, but the opposition was formidable. The Christian Democrats had imposed conditions on Allende in exchange for support, making it impossible for him to take action not approved by congress. The armed forces were removed from the president's control. On the left, Allende was pushed by MIR (Movement of the Revolutionary Left) to move faster. U.S. interests fomented upheaval and funded opposition movements including the military. Despite attempts to destabilize the government, after its first year, the GNP rose 8%, unemployment declined by 50% and real wages increased by 30% while the price of food and basic commodities were kept low (MacEoin 1974).

On September 11, 1973, a military coup led by General Augusto Pinochet resulted in the death of Allende and invoked a terror that few could have predicted. As a student in Germany at the time, I recall reading the headline, "CIA Assassinates Allende" – it took many more years for the United States to admit to its involvement. Pinochet's dictatorship ended in 1989 when democratic elections were held following a plebiscite the previous year which failed to extend his mandate. During the Pinochet regime, an estimated 30,000 people were murdered, 3,000 disappeared and 300,000 detained (Kaplan 1990). Sagaris' (1996) account documents events leading up to the coup and details daily life in Chile in years following. A Chilean Jew, Jacobo Timmerman (1987) likened life in Santiago under Pinochet to Paris under German occupation. People would keep themselves apart, he writes, hoping to dissolve into the scenery, going under like submarines. It is in this context that ten of the eleven women in this study left

Chile; some left shortly after the coup while others tried to make a living despite being blacklisted or living with fear.

Chile

Women & Men

Read Gioconda Belli's (1994) book, *The Inhabited Woman,* if you want to understand Chilean women, Luz' daughter, Angela advised. Belli's tale of a passive and educated woman imbued with the spirit of an indigenous female warrior, displays a woman passionate about her lover and the revolutionary cause he introduces to her. Strong, vulnerable, supportive of her male partner, working and possibly dying for the common good, are elements that circulate not just through the novel, but in these interviews. They describe what Chileans in other studies define as a *companera* (Kay 1987).

Before 1925, a woman required her husband's authorization in order to work and until the late 1940s, married women were legally considered the possession of their husbands (Agosin 1987). The dichotomous metaphors of *machismo* and *Marianismo* (the cult of the Madonna) are often used to represent gender differences in Latin American societies which are presumed to be reflected in complementary spheres of influence namely *calle* (street) and *casa* (home) (Kay 1987). Traditionally Catholic, Chilean women have presumably been encouraged to be devoted wives and mothers, embodying the virtues of the feminine spirit of the Madonna (Bunster-Burotto 1986). Although university educated Chileans are less likely to expect—and accept—traditional female roles and male dominance (Bunster-Burotto 1986; Bustos 1980), these metaphors arise in the literature and present as a problematic in the lives of the women I interviewed. These conflicting themes were identified by some women as a double standard whereby women are honoured as mothers and valued primarily for their attractiveness. Women at times seemed ready to embrace both the role of loving wife and mother and that of independent person; blurring the boundaries between traditional roles and resistance to them.

Many women reported how anxious they were to be married; some because they were already engaging in sexual activity, others because they longed for children or the companionship of a husband. Marriage was also expected. As Marjorie noted, "A woman is only valued in Chile when she is beside a man." The two unmarried women who bore children faced discrimination from the greater society, but received support from their family and friends.

> *When I went for a walk, somebody would cross the street, but my family was different to me. My dad said, "You have to dress properly with maternity. My sister bought a beautiful [dress], but my dad gave me an English course. . . . I think my dad had twelve babies, and he understands about one baby more. It was really amazing in this time.* -Monica

Mothers talked to daughters about being obedient wives and friends to their husbands. Yet, they desired for them to be educated and financially independent, presumably to be able to leave a potentially abusive relationship with sufficient resources for personal and economic survival. Some of the women spoke of the duty of women to support and please their husbands, experiencing the full weight of the pressure to follow through on what was expected by family and society. While children and family were generally valued over career aspirations—even amongst professionals—the traditional role of help-mate is certainly being contested. Lulla pointedly teased her friend Marcelle for not leaving the husband she regrets marrying. Lulla remarked:

> *I was the first divorce in my family and everyone said, "How are you going to get divorced? You're going to be the first one!" And I said, "Well somebody's got to be the first to start!" It doesn't make sense to me to live with someone you don't love anymore and you're fighting all the time. Not because I marry him, but because I swear in front of the priest. I am the one who is suffering, it's not my priest who is suffering!*

Marital relations were disrupted during the political upheavals in Chile as women took on greater decision-making roles and independence when men were imprisoned or murdered (c.f. Eastmond 1993; Marjorie's Story, later in chapter). For a number of women, the inability of their own mothers to leave abusive

relationships also fueled their independence. Marta believes that the traditional subservience of Chilean women to their husbands is related to their economic dependence. She tells the painful story of her father, the overseer of a farm:

> *In Chile, the economy is so low, the women degrade themselves in so many ways just to get a little bit of something. If they see a man with a little bit of power, they go to them. . . . I saw on the street the woman that my father is seeing now, and I felt like crying. She's younger than me and she is so beautiful, she can find any other man anytime, but he is an older man and it's just she needs economic support. He always has had women and my mother is always with him.*

Childhood and Family

Anna recalled an idyllic rural childhood filled with olfactory memories and the warmth of grandparents and sibling relations; Monica's family taught her the meaning of solidarity in their enthusiastic embrace of her daughter borne out of wedlock; Eva's father encouraged all of his daughters to pursue education and careers. For many of the women, however, familial relations were considerably more strained. Several of the women recalled their fathers as philandering and abusive towards their mothers. Their mothers were viewed with some ambivalence; as victims of their father's power yet reviled for being too weak to stand up to him; sometimes sharing their despair with their children. As Christina said: "My mother always treated me as an adult giving me the raw things, everything as ugly as it was. Didn't sweeten it up." Indeed many women focused on their efforts to behave and raise their children in consciously different ways than their mothers, including facilitating open discussions with their children and demonstrating ways in which to assert themselves.

As mentioned earlier, mothers were also ones who emphasized the importance of education and financial independence. This thrust of education was not always greeted with enthusiasm by their daughters. Anna would have cheerfully followed in her mother's footsteps on the farm instead of continuing on in school and becoming politically involved—steps which inevitably led to separation from her family. Marta clearly retains the sense of abandonment she felt when her family placed her in a Catholic boarding school against her wishes.

Grandparents, although not generally co-resident, were close-by, offering a shelter from the violence of parental relationships, indulging their granddaughters or at times interfering in their children's marriages. A number of the women brought their parents to stay for extended periods of time or settle here to enable their children to benefit from grandparental relationships.

A few of the women came from poverty-stricken households. Marcelle joked that she showered so much in Canada to compensate for the years in Chile in which they had no bathing facilities. Despite poor living conditions, families imbued their daughters with a sense of dignity and self-esteem. In Monica's family with eleven other siblings, many went to university. Rosa still sees the impact of poverty on her family members when she visits as her younger sisters look older from the effects of poor nutrition. She remarks how her experiences at childhood reinforced her political beliefs:

> *My dad was a labourer. . . .You can't touch the boss. Always you have to show respect because they are the ones who pay. It doesn't matter how it is they pay, they pay. And sometimes they make a big party for the workers and give them some clothes, used clothes and they say, "Oh, the boss is great; he gave us a party, he gave us food, he gave us clothes." But he can't think any more. Plus the propaganda for the other side, the communists are like this and they'll take the children away. . . . All that propaganda is affecting them because they don't have the education to be just thinking about it. . . . I had more education, I went to high school. I see how it was wrong and it's not fair with the money my dad received for the work he did and I started thinking about it.*

Politics

Women's political involvement in Chile expanded in the 20th century. In 1913, miner's wives organized some of the first protests against exploitation in that industry (Agosin 1996). In 1919 the Women's Reading Circle—a suffrage organization—was established, though it failed as it relied primarily on the support of upper class women. Women eventually gained suffrage in 1931. Not until the 1950s and 1960s did a dialogue occur between women of different class backgrounds and most of that took place within the context of charity (Agosin 1987, 1996). Monica discussed charity with me:

She [my mother] worked with the military family wives helping to the poor people. The military say, "Oh, do you need something? A little tea? Charity?" But I say it's different, her feeling and my feeling. You see you need rights, not charity. I have to fight for my rights. It's easy to give limosna [alms]. . . The poor don't need this, they need rights!

-Monica

As the economy experienced a downturn in the 1960s, women as well as men were attracted to leftist organizations; however, a survey of women's labour in the late 1960s-70s, found that women on the left were often relegated to positions that reinforced their traditional roles by emphasizing women's nurturing "nature" (Carr 1973). During Allende's presidency, women's centres were established in rural areas, but political participation of women still emphasized domestic roles such as knitting and sewing (Agosin 1987, 1996). Likewise in rural areas undergoing agrarian reform, women served on social welfare committees and undertook traditional roles in animal husbandry, food cultivation and processing. Moreover, reforms were based on the assumption that women were members of nuclear families rather than serving as heads of households (Garrett 1982). Many women saw themselves as defending the family and were exploited in this role by the forces on the right to demonstrate against food shortages in order to undermine Allende's government (Agosin 1987, 1996).

Following the coup and the destruction of the leftist parties, an opening was left for women to take a more active role in politics (Meschkat 1992). Women contributed substantially to the demise of the Pinochet regime, drawing attention to the disappearances of their loved ones through the traditional craft of embroidery, known as arpilleras, works were sold clandestinely abroad to raise funds for the Associations of Families of the Detained-Disappeared (Agosin 1987). Moreover, the private sphere of mother, wife, sister, daughter was transformed through the shared experience of the relatives of the disappeared (Meschkat 1992). Perhaps not surprisingly, the first mass demonstrations against Pinochet took place on International Women's Day; and other rallies were organized by women who were related to the disappeared (Carr 1990; Kaplan 1990).

Participant's involvement in politics ranged from being active in one of the leftist parties, working on literacy campaigns or land reform, engaging in political theatre, organizing opposition to Pinochet during the plebiscite to studying social science, providing childcare for meetings, voting for Allende or marrying a man who belonged to a party, union or government office. As women repeatedly expressed, no one suspected this involvement would result in the terror they experienced. For some, political engagement derived from their experience of poverty, no longer willing to accept the charity that was proffered their parents who gratefully accepted. For others, political commitment was primarily intellectual in origin; as one woman noted, we were the kind of socialists that drank whiskey and held cocktail parties. The terrifying outcome for these women, whether rich and poor, was the same: internment, torture or threats of torture, loss of loved ones and eventual loss of homeland.

Chilean Immigration to Canada

In 1973, 13,000 Chileans sought refuge in Canada (Tomic and Trumper 1992). The response to refugee claimants from Chile was not immediately welcoming. Chile posed a problem for Canadian government as people were fleeing a US backed regime and indeed some were rejected as refugee claimants for voicing radical political perspectives. In Santiago, the Canadian ambassador urged Prime Minister Trudeau to acknowledge the military regime and closed the doors against those seeking asylum (Tomic and Trumper 1992). Pressed, however, by a coalition of church, labour and human rights organizations, the government agreed to assist refugees from Chile (Sagaris 1996).

The Chileans had an impact on Canada as well not only being the first group to test the new refugee policy, but the first to be suffering the effects of direct and indirect torture.[2] Indirect or secondary torture occurs when loved ones are apprehended, tortured or murdered; these secondary victims are left waiting anxiously and are often the subject of verbal abuse, ransacking and harassment. One woman in this study lost her husband at the hands of the military while

others had their family members returned after imprisonment. Several mentioned that the suffering of those outside the prison walls often goes unrecognized, yet the scars are still evident twenty years later.

Despite the initial problems with granting refugee status to Chileans, none of women reported any difficulty in obtaining permission to come to Canada. Still, filing papers and awaiting the decision was risky as some people released from prisons were apprehended by the secret police and "disappeared." Some fled to neighbouring Argentina to await the outcome of their refugee or landed immigrant claim. Canadian immigration policy, however, considers children over the age of 18 to be adults; thus one family was compelled to leave two young adult children in Argentina while the rest of the family accepted the offer of refugee status.

> *My husband was in a concentration camp because of the coup, so he had priority. They gave him and the family the status of refugee. . . . the embassy took only eight days to invite him to the interview. The person who was with us was very comfortable, very polite, we felt very comfortable with them. . . . My husband left the country to Argentina. I was really scared. . . . After my husband left, I asked for an appointment with the Canadian embassy so I could explain why he left and where he was. . . . they really understand why they have to wait in some other country. . . . We were accepted right there, but what happened to the oldest, Angela and my eldest son, we had to be in Canada so we could ask for the others [two eldest children] to come.*
>
> *-Luz*

According to the 1991 census, there are approximately 3,890 Chileans in Alberta, 1,985 of which are women. 30% of the population has arrived in the past 24 years. Edmonton is home to over 1,500 Chileans, 775 of whom are female (Statistics Canada 1992).

The decision to migrate was a troubling one. On one hand, some women felt responsible for "breaking the family" while on the other, remaining in Chile meant possible arrest, harassment or blacklisting from work or educational opportunities. For some, the decision to leave was sealed by consideration of their children's future.

> *One thing that really strike me was the peace. The peace and that you didn't see any police and military. . . [it] really*

balanced that we didn't speak the language and was totally a stranger to this land. The peace that we feel, no matter what, we were willing to go ahead with our life. -Eva

Reception in Canada for the Chileans who arrived in the 1970s was ambivalent. Many were overwhelmed by the sense of security they experienced, the lack of military presence, the dissipation of fear; however, most were initially settled into a hotel that was uniformly described as horrible, unsanitary and unsuitable for occupation. Most possessed few English skills or found that the English they acquired in school was relatively unusable. Learning English and procuring employment were top priorities upon arrival. Some benefited from government sponsored English as a Second Language Programs and a few from government sponsored job training programs.

Employment

I found [a job] in Edmonton Centre, janitor in the night at 5 o'clock. In the morning I go to Calgary Road [sic] for the daycare. . . . then running to Victoria Composite for my English. Full-time. And then writing in there and coming to Edmonton Centre because my work starts at 5 and my classes end at 3:30 p.m. so I can't go home. So my husband coming from the job has to pick by Paolo. -Marcelle

Low wage labour was abundant in Alberta during the early and mid 1970s when the majority of these women arrived. Often through recommendations and leads provided by other Chileans, most were able to find employment relatively easily. Two of the professional women eventually obtained employment in their fields; others initially worked in factories or as janitors. Desperation to find work meant that some women placed themselves in situations that tested their will; convincing employers they could take on work when they themselves doubted their ability. While some women moved on to other professions through re-training and further education, some remained in low status jobs in order to provide a steady income to their families. Those that did made a substantial effort to imbue the work with a sense of professionalism and self-esteem despite the fact that their educational and professional credentials far exceeded those associated with the job. Salzinger's (1991) work with Latina domestic workers in

California echoed these findings; as middle class and professional women accepted their new position in labour market, choosing to view their new work as a career thus endowing "dirty work" with professional meaning. Tackling language classes, a job, housework and childcare resulted in a frenetic existence.

For Marcelle, who had lived in extreme poverty in Chile, settlement in Canada meant a significant increase in living standard; however, for the majority of women and their families, their circumstances were reduced. Former government officials were sent scrounging for furniture destined for the city dump; former students who had relied on the largesse of their families were suddenly alone to fend for themselves. Career aspirations were quashed in face of economic necessity as were desires for larger families.

Housing proved problematic as Edmonton was experiencing a shortage and some landlords refused to rent to single women with children. Many originally settled in the north central area of Edmonton or in the inner city, forging a strong sense of solidarity with First Nations, who were among their first accepting neighbours in Canada.

Generally, men were viewed as less successful at adapting themselves to the Canadian job market and to the fall in socioeconomic status. Several women noted that their husbands were unable to hold a job or find steady employment despite being given greater opportunities for education.

> *He was a Mister over there. He had more than 200 people working for him. He was a big shot. . . . When he came, he didn't mind to work for awhile and then he went into computer and then we lost the money in the business and now he is doing cleaning. I think about him, so many years at university, so many years studying, for what? To shovel snow? And you know, we women we accept it more easily. I don't know why, but men, it's hard on them. . . . Because we are as a woman, we are prepared to suffer, you know, childbirth. We are ready to do it! It's a big experience, a painful one, but we go through, then we have the menopause. After you have a baby, who cares about menopause? And men, they have mentally changes and mentally pains because they are not going through those changes like us. . . so they are less prepared to face it when they have changes like one position to another. . . . So you have a chance, do some study about men.* -Esther

Edmonton Chilean Community

In the 1970s and early 1980s, the Chileans in Edmonton coalesced to both facilitate settlement and organize support for resistance to the military regime. All of the participants who arrived during this period remembered fondly the support of other Chileans who took it upon themselves to meet flights arriving at the airport and assist newcomers with information on services, shopping, housing, daycare and jobs.

> *All the Chilean come from a large family; the community became part or replaced the family we didn't have here. Everyone came by themselves or just the family – the husband, wife, children, but you need more. . . . What the difference is between here and there, since you have your relatives, there are always activities around your relatives and here those activities don't exist, like birthdays, weddings, parties, even funerals, you know these things related to a big family, that doesn't happen and you feel a big emptiness.* -Eva

Various political and social organizations were formed as well as several housing co-operatives. In addition to filling in the gaps left by family members, the impetus to organize and engage in self-help activities was interpreted by participants as stemming from a need to assess meaning to exile and provide a chance to cohere.

As the Pinochet regime gave way to an elected government following the 1988 plebiscite, organizations shifted focus away from politics. Even before, the political organizations were engaged in wrangling that fell from the ill-fated alliances under Allende's leadership. Marta reflected that people "went through so much in Chile, so much torture, so much persecution, so much fear. People were sick in the end, of themselves and all the people in their own communities." Some women lamented the damage that their involvement had done to their lives and in retrospect saw themselves as too naive, idealistic or paternalistic. A few shied away from all political activities for the anxiety and horrific memories they stirred. As one woman explained, the entire experience in Chile left her unable to truly trust others outside her family.

Overall, the participants withdrew from political organizations and are now engaged in promoting Chilean heritage through language training or the arts, the

Catholic church, human rights organizations or seniors groups. Within this sphere of community activity and enhancement of Chilean heritage, children are encouraged to explore their roots and adopt values from both Chilean and Canadian society to develop their identity. Given the high level of community involvement which may have been skewed by the sample of women who participated in this study, many of the women are still dedicated to advancing issues of social justice or practicing co-operation at the local level.

Gender & Immigration

> *Men, they have their pride and especially in the countries where we come from, men are the ones that have the profession. So here, they're coming and they can't find in their profession and they go cleaning. And it doesn't make them less, but intellectually they are affected worse than us because women we accept the changes, but not men, not that easily.* -Esther

A study of Chilean refugees in the U.S. revealed that women and men reacted divergently to immigration. In the U.S., restrictions were placed on political activities and access to financial support, thus the primary sense of identity for the men, their political involvement, was denied. Women had taken on decision-making roles in Chile and now demanded that men take on more responsibility in the home. Women entered the labour market and encouraged contact with the host society which for the men was the belly of the beast. While exile was viewed as a liminal existence; for women it also meant expansion of roles (Eastmond 1993). In Scotland, Kay (1987) found that the public roles that men assumed in Chile through their political work and role in production were reduced in exile while women struggled with re-defining their domain within and without the household.

In Canada, marital relations became further strained due to the demands of settlement, the gendered divisions between home and community life and the danger that men were "opening their eyes" to Canadian women. Two couples eventually obtained a divorce while others were able to negotiate new roles for each other, securing a commitment for mutual support that may have been provided by family members in Chile. Several women mentioned that their

strength to make adjustments in their relationships stemmed from their desire to demonstrate to their daughters that women did not need to be subservient to men. Asserting oneself and stating expectations in relationships was seen as part of the process of maturation.

Returning

Most Chileans came to Canada with the notion that they would eventually return, but as children grew up here, the prospect of returning to settle in Chile dimmed. The love of their homeland is not lost and many of the women have returned to Chile for a visit. Reactions to returning are turbulent, ranging from joy and recognition to anger over the time they have lost and the familial support from which they have been wrenched. For some, trips home underscored their own lost sense of place. Some women noted that years of dictatorship left scars on those who remained and severed them from the possibilities of trust, sometimes even with members of their family. Some of their younger siblings were raised on the regime's propaganda that inferred that Allende committed suicide, that Pinochet came to the rescue of the nation and that those who were imprisoned or were in exile were guilty of heinous crimes. In the years under Pinochet, the economy worsened for many people, resulting in a noticeable increase in poverty for those who returned. Marta returned to Chile in 1983:

> *After eight years being out of Chile, I went back. . . I sensed a big change from my brother and sister, the way they acted towards me. . . What I learned about the people in Chile is denial. The others, you see they act happy and they talk to you and they say there is no repression, no more police, but you look at their faces and their faces are not the same as before. . . . My family there had a different life and my family here was so different. . . Chile wasn't my country anymore. This was a big event to realize I would will never go back to Chile. . . . As soon as I got on the airplane coming back to Canada, I slept . . . I was so relaxed, so relieved and then I got here and thought, "Oh, this is home."*

Looking at Chile with fresh eyes, meant also acknowledging the privileges afforded certain people in a highly stratified society where many would previously have had maids or other household servants. The emphasis on youth

and appearance was also disturbing for many of the returnees who noted that job ads in Chile routinely mentioned age limits.

Women's Health: Chilean Perspectives

Health & Healing in Chile

Although Latin American health beliefs are meant to circulate around humoural notions of cold and hot (c.f. Helman 1990), none of the women mentioned these factors. Biomedicine was the primary healing tradition and traditional healing was met with some derision. As Esther claimed:

> *People who go to see them [traditional healers] are people who believe in bad omens, witchcraft or whatever and those people they have an illness that the doctor can't recognize and the people is dying so it's the last resort for those people to believe in that.*

A few women raised in rural environments mentioned their contact with traditional healers or *curanderas*. Drawing from indigenous knowledge and Catholic imagery, *curanderas* are believed to be chosen by God to become healers. Sickness is the embodiment of the struggle between good and evil; the *curandera* weighs in on the side of good with supplication to the saints. Some specialize in herbalism, others in midwifery or bonesetting. As women with great authority, curanderas challenge traditional roles (Perrone, et al. 1989).

> *The curanderas, they were the ones that helped my mother to have us. . . I admire these people because they are not educated institutionally, they are on their own. And the things they know! They know about medicine, about herbals, everything that they know about you . . . . . And these women probably the way they were so modest, they didn't even know the great thing they were doing.* - *Marta*

Menstruation

> *My mother said, that's an illness. That's how she said it, that's an illness that all women have and they will have it all their lives.* -*Anna*

Menstruation was shrouded in silence and whispers. Women were generally ill-informed about menstruation and many received no information prior to menarche.

> *When I got my period, I didn't have a clue. . . . Now you're not supposed to drink water when you eat blood sausage because it was pork or whatever. So I am in school and we have that for lunch. . . . [later] I'm in the schoolyard and I'm running and I had cramps, but I keep running. I'm perspiring and I go to the fountain and drink. . . . I was really wild. . . . I go to the washroom and I find my panties all messed with something. . . . I thought God was punishing me because I disobeyed my mom. I knew I shouldn't drink water and eat blood sausage, so now blood is coming out of me. . . . Finally after two days, I had to tell my mom.* -Christina

Mothers provided little information, but coloured girls' attitudes by referring to menstruation as horrible or dirty. Girls were admonished to "be careful" creating a sense of unresolved mystery for the women when they were young. Told to stay away from boys without understanding the reason, a few women wondered what distance was safe from the danger they posed. Some were told that menarche marked the onset of womanhood, but without understanding the changes that had and would occur to their bodies. Menstruating girls were warned not to wash their hair, swim or let boys touch them. When asked why, some were told that it caused some woman to "go crazy." As Rosa reasoned, "Maybe she got crazy, but maybe she got crazy doing something else, not just washing her hair, because there'd be a lot women around going crazy!"

Some learned about menstruation in school, but felt uncomfortable about asking questions regarding menstrual flow, frequency and hygiene. Several women recalled making and washing their own menstrual pads out of flannel and in one case being harshly scolded by her mother for not cleaning the "dirty" thing properly.

Seven women reported suffering from menstrual cramping and one woman from breast tenderness, backaches, headaches, bloating and excessive bleeding. A few women reportedly treated cramps with mint tea, oregano leaves and sugar.

Premenstrual Syndrome (PMS) was unheard of as Anna said, "Younger girls really have problems. You can't talk to them because they are so irritable. I don't understand. I wonder why is something now in the air?"

The women were quite consciously removing the cloak of secrecy surrounding menstruation for their daughter's sake.

> *I have told Lilly, when you get your period, this is the time you have to feel more proud than ever, because this is when you are becoming a woman. . . I told Jorge since she was little, we have to support her when she has the period because . . . I don't want her to have this pain. I want our daughter to be proud of herself. . . . So the first day she got the period, she came to me and said, "Mom, I'm bleeding," and I hug her and told her, "Oh, I'm so proud of you, it's so great." I told Jorge and he went and hugged her, too. . . . She said, "I felt so special when my father hugged me. . . I feel so great the way he talked to me, the way he said, "Oh, congratulations Lilly, you are a woman now and I am so proud of you."* -Marta

Pregnancy and Childbirth

> *I have never felt more happy than when my children were born and I had them on my arm and they were healthy cute babies. My children are the most rewarding thing that I always feel like the most important.* -Eva

Bearing children might be one of the major joys in women's lives and a frequent occurrence in their mother's generation, but information about pregnancy and childbirth was not commonly discussed with their mothers. Women received information from maternal child health centres, pamphlets and biomedical practitioners. Family planning was not common in their parent's generation, but some recall seeing their mothers use abortifacents. Although care for children was the primary responsibility of the parents, the presence of extended family made it easier for larger families and affected family planning choices in Canada.

Menopause

> *Men in my country are laughing about the menopausal woman. Because in the office, the woman says, "Oh, she has the menopause. Oh [the men say], she is a stupid woman!"*
> -Monica

While women recalled that in Chile, jokes are made about menopausal women who are deemed asexual, women countered with their suggestions that they were still vital, sexual and productive. Several women mentioned that they had friends who had undergone hysterectomies who were rejected by their husbands and developed depression, but no one experienced this directly.

Initial questions regarding menopause generally elicited a list of symptoms that were associated with the cessation of menses. These included in order of frequency: hot flashes, moodiness, headaches, body aches, tiredness, heavy bleeding, lack of appetite, nausea, changes in skin elasticity, night sweats, insomnia, increasingly poor health, fragile bones, nervous breakdown and vaginal dryness. Several women voiced concern about whether menopause signaled the beginning of old age and were concerned with decrepitude, loss of intellectual functioning and changes to their appearance.

> *That's hot flashes, you don't sleep good . . . you are tired the next day. Also one of the symptoms to feel tired and depressed. . . Sometimes you blame your husband, why I don't know!. . . Because he's living with me and he's sleeping like a log! And you hate him when you're awake and he's snoring. That's the time you really want to kill them! [Laughter]* -Esther

Two women were utilizing hormone replacement therapy (HRT), but were concerned with effects. One woman who had undergone a hysterectomy in her late 30s attributed her prior use of HRT to her current problems with lumps in her breast. While one woman on HRT had felt helpless in controlling her symptoms, others mentioned their ability to control symptom expression through attitude, suggesting that the less you worry, the less you will experience. Women prepared for menopause. Christina said:

> *I read all these stories about how women get depressed and I was aware of all that. I always thought that's not going to happen to me. I was prepared for that, I truly did. I was the one who brought in that subject with friends, we shouldn't do this, we shouldn't let this. We're perfect, we're beautiful, we're everything.*

Being satisfied with family size was also a factor in keeping a positive attitude about menopause. Women who experienced few symptoms were swift to point out that the suffering of other women was to be taken seriously.

Their mother's silence surrounding other areas of reproductive health applied for many to the end of menstruation. A few women were able to talk to their mothers about menopause generally in their later years. Their experience ranged from admitting to having no problem, enjoying the freedom from menstruation to the use of HRT; one mentioned that a woman's body changes and warned that it was a dangerous time for women because they can become pregnant quite easily. The source of information on menopause mainly came from friends, books or physicians; however, physicians were not always trusted to understand the phenomenon entirely.

> *I am so convinced that for so many women when they suffer from any headache . . . and I know they suffer from anxiety like me, and the doctor already thinks it's menopause. . . . I think I know that if I tell her my pain, she will tell me it is menopause. . . . But I knew from before this pain is caused by the pressure. . . I know now since I separate from my husband . . . just as soon as he left I started having less headaches. . . I found that it's all the anger that I have inside, the frustration, all these negative thoughts that I have inside me. . . . what is the symptom of [menopause]? A bad humour, headaches, women tend to gain weight and tension, like you feel very nervous and sometimes shaky, so all these things, and I have had these symptoms, but I have noticed since Jorge left . . . I have never gained weight again. . . . Like to me, I have so many illusions, so many expectations for so many years until I was about 38, 40 and exactly that this is the age when doctors, women suspect that menopause starts. . . . I think of other women and other women are going through a hard time, too at this age. . . . Many women at this age, they get widowed for example . . . or their husband leaves them for another woman. Or like what happened to me, they have to support him or then many time the mother, father start getting older and they have to be the supporter of the family. . . .Children start growing older . . . and children too are going through difficulties. . . So all these problems start accumulating. . . of course she will have tension, will have headache, will gain weight, will be shaky, will have all these symptoms, I am so convinced of it!* -Marta

The media and physicians were blamed for making too big a deal about menopause when it is a normal event in a woman's life cycle. Moreover, the expression of symptoms was linked to personal, social and economic context; factors the women felt were ignored by their doctors.

> *We've been in Canada 20 years. . . . If we lost a job, we lose the house because we can't pay the mortgage, will we have to live with our children after that? So I don't think it's about menopause affect the women, no, no. That's the way we live because maybe you wake up at night thinking about it, about tomorrow. . . but I think maybe the media when they focus on menopause, they only focus into the health, medicine related. They don't focus on what's going on.* - Esther

Most of the women felt that menopause was part of life, insignificant compared to the trials of immigration, exile and settling in a new country. Life was not going to stop because of menopause. Others were more ambivalent; expressing the preceding sentiments yet fearing the decline of age and poor health. Some perceived menopause as something discontinuous, but seized the opportunity to engage in self-reflection or forge a new beginning in their personal life and relations.

Attitudes Towards Aging

> *That middle age, or what we say, third age, is the seniors in Chile, but that is a new concept in Chile. In my perspective, middle age is not a concept that exists in Chile. When you are 30, you are out of university, working and when you are 40, you are an old guy with a family, and you're a serious person. It's a very formal society in that aspect, because people are very, sort of lined up for that kind of thing and you just have to follow because that's the way society is.* - Luz

As with menopause, attitudes about aging diverged. Many shared Luz' notion that in Chile, aging infers a linear progression wherein there is an appropriate age for certain lifecycle events such as education, marriage and caring for grandchildren with an accompanying notion of appropriate behaviour. In particular, career opportunities were quite limited for women over 40 years of age in Chile who are deemed too old for employment. Job ads will indicate that

openings are available for women 35 years and under and many suspect, being attractive and fit makes a woman more employment-worthy. Thus some women observed that aging had differing impact based on gender.

> *I mean you see people, 45 years old, especially men, they are full of piss and vinegar, like they own the world. . . But what I find in Chile, but that is here, too. When women get older, you could die perfectly well, and it would be OK. It wouldn't make a big difference you know. . . . Women of a certain age . . are being ignored.* - Christina

Negative attitudes towards aging centred on fear of physical and intellectual decay, the prospect of limiting activities or changing lifestyle, loss of physical attractiveness and loss of independence. Caring for the elderly was perceived as an obligation in Chilean society; however, some women were loathe to consider relying on their children when they become infirm. They recognized that in Canada their children need to be engaged in wage-earning, thus caring would be not just an emotional challenge, but an economic one as well.

Countering these notions, is the idea that age is a function of health, attitude and functionality:

> *For me, old people is people who are not able to take care of themselves, that is old. Because their body can't take, the body is decrepit and that could happen at any time, at any age.*
> -Eva

Ideal Self

Most women did not reflect on what they might have hoped to do at their age as they were growing up, but those who did maintained a vision of a nurturing wife and mother. Many saw the ideal woman of her age as a woman who was married with children, perhaps a housewife and possibly in the presence of extended family. One woman simply hoped she'd be with a younger man!

Life Story: Marjorie[3]

My family was small; basically my mother and sister. My father died when I was eight. My mom worked like crazy; but our father was the one who gave us the affection. When my father died, she said it was hard for her to be the mother and the father at the same time. I said, "Mom, you cannot be both. You can only be one person." She was the authority and the discipline and everything, so it was kind of lonely. I had to do well at school or I would get shit from mom. I was always trying to please her in so many respects. She kept saying, "The education is not for me, it's for you. I want you to have a profession so you can be self-supporting." I really appreciate that because it was really important and it was important for her too.

For my mother, talking about sexuality must be really difficult. I remember her giving us a little book explaining about periods, but not being able to say, "Do you have questions?" We got the book and that was it. I think she was prepared; she had those little serviettes. When I got my period, I was a little bit prepared for it, but it was still traumatic. I remember my mother saying, "You're going to get this every month," but kind of really quick and fast. There wasn't a lot of exchange in terms of her sharing with us what it was like for her. I think it's only now that she is able to share a little bit more. But the whole issue of sexuality was really difficult. When I got married, the only thing was "Did you ask your sister about things you need to be aware of or birth control?" but she couldn't really say.

I got my degree in Santiago in 1971 and in February 1971, we got married. We both got accepted as instructors at a university. My son was born in 1972. I was quite independent and at the same time with a lot of responsibilities. My mother was in Santiago when I got pregnant with my son, I was in another town. I had already gone through university and you have already an idea. The only advice I got before I got married from my mother was: "You have to be a good wife, you have to be a good lover, you have to be a good friend to your husband." There was no time for you to love yourself or nurture yourself. That was something

that I had to learn when I was quite old, but I was not taught how to look after myself and how to nurture. Whatever you're doing, try to please, basically, try to please, even though there was another aspect why she wanted us to have a profession. If things didn't work then I don't need a husband, I should be able to get my own job and be financially independent. So that was something really clear all along the way, you don't want to have someone to touch you, to hit you or mistreat you, that was that part that was good.

My mother wasn't politically involved, but I remember being raised with those values of justice and equality. I remember my mother trying to assert herself and her rights like she would not allow no one to put a foot on you because you do not have a father, because one thing, you are not valued if you are a single mother, you are only valued if you are beside a man. We were kind of middle class. In the neighbourhood where we belong, there were a lot of middle-middle and rich-middle class and so there was that discrimination. I remember feeling that discrimination and also feeling discrimination because of the colour of the skin. The darker the colour of your skin, the lower people will place you on the social ladder. I remember feeling that pain, of saying, "That's not fair, we are all children," but there would be that preference. You would be invited or not invited to certain things. Maybe part of my own experience helped me to be more sensitive to the needs of those who were less.

I belonged to one of the political parties that was supporting Allende's government. They did not touch me. It was Luis they were looking for. He was taken from home just after the coup. Around 1 o'clock in the morning, they came and they searched for guns and they took books, whatever. They took him. A knock on the door and your life changes completely. I mean there was a lot of political turmoil, but that is one thing that I never thought of. I remember reading about what was happening in Uruguay with the Tupac Amaru and I remember saying, "I don't know how people can cope with that and live with that." I thought if that happened to us, if Luis had to be taken to jail or killed, I will die, but yet when you go through it, it's amazing the strength that you find. You have to keep on going for yourself and your child and your husband.

He was about two weeks in jail and he was taken to the concentration camp, but I didn't know he was taken there. One day when I brought him lunch, they said, "He was freed last night; he's not here." I said, "That's not true, he's not at home, where is he?" I got in touch with the priest and he came with me to the headquarters of the military and got the same kind of conversation and the same kind of answer. At that point I knew I wasn't going anywhere in trying to find out information. So it was a month later or so, that I was able to find out by looking at the television one day. I was ironing and sewing and all of a sudden they were showing pieces of news about the concentration camps. Apparently, the Red Cross had gone into the concentration camp to see how the prisoners were, how they were treated and how they were doing, then I saw my husband just walking. I was pregnant, but then I ended up losing that baby, the baby was stillborn in November, two months after.

I know there were people who weren't able really to cope with the whole thing. Some of them got depressed or killed themselves, but thank God, I got the strength. Luis's family is quite religious. I was brought up Catholic, but not the kind of one to go to church every Sunday. I went to church and I was able to get that kind of support from faith. My mother came. So in that respect I have to thank our family, knowing you have that kind of support. I began to kind of cut myself off from the feelings because I was trying to survive. Survival is the priority. I started rationalizing, we are not going to be able to live safe in here. My husband, we knew for sure wasn't going to be able to work and me being the wife of a political prisoner, I wasn't going to have any possibilities.

Our families were supporting us; we didn't have much to eat. We went out to visit a family and they owned a restaurant and we helped them with the cleaning of the place and in return we got a little bit to eat. So those kind of things you do, especially if you have a child, you have to provide for the little one, so I know that I can do that. But I could not picture myself doing that for the rest of my life and the safe aspect was really important. At that time I knew that leaving the country was very necessary, whatever we had to face was going to be better than here, the fear and the repression.

My husband had already been in jail 18 months and then he was sentenced to internal exile. At that time, there was a special decree by which the political prisoners had the option to exchange instead of internal exile in Chile, it was to leave the country, but not to come back. He could only go back with authorization of the government, so that was the decree

We came here in 1976. I remember it was a really cold day, but it was OK. Somehow knowing that you were kind of free, that was the main force that kept me going. Our counselor at Manpower was wonderful. We knew that not every couple got the opportunity for both to get an English as a Second Language course, but Luis and I got accepted both, so that was the first activity. Once I finished all my courses, I was prepared to take any kind of job. I never dreamed to get a job in my field. It was quite wonderful, but it was quite frightening too because I was afraid of how I was going to communicate. Would the person be able to understand me? Would I be able to understand the person? That was a really frightening time, but I survived again.

It was more lonely here, because here I didn't know anyone. I didn't know of all the services available. Even if I knew of some of the services, I did not want to reach out or go out for help, I would be seen as a weak person. Back home, I do have some things to do in the community, so away Luis went and I was at home with the child, I started feeling a lot of resentment, but I was so lonely too in that sense.

I should say that probably just lately I've become active, but for the first years I was really afraid of becoming involved with activities in the community. I was behind my husband and he was really active. But for the first time, until Pinochet was really out of government, most of the activities of the Chilean community was solidarity type of work. It was creating awareness here among our Canadian friends about what was going on in there and also to support some of the problems down there. I think after the dramatic experience I had to go through, I didn't want to get involved in any political party or any political activities. It was a part of me that was really afraid and there was another part as a woman—not just a Chilean woman but as a woman—deep down I felt that

it was my kind of duty too to be behind whatever my husband was doing. Even though I was able to express some of my concerns, he was really driven by the whole idea of solidarity. It was really tough. Now reflecting back, it was really tough in our relationship, we were growing apart more and more. But all the psychological pain and so on, I couldn't really deal with that. As I said, up until now we have been so focused on the solidarity groups and trying to help our people down in Chile, but I feel that we have neglected ourselves and our own needs and the realization that we have come here and it was wasn't easy. We struggled a lot and we have done it alone. It was our way of surviving without sharing with one another how painful it has been without even giving permission to one another to say, hey it's good that we survived, but we really need to talk about the pain.

My mother came in 1978, it was just at the time when I was diagnosed with the pregnancy of my daughter, so what happened she ended up staying with us for more than a year because she left when Elise was nine months old. She went back to Chile but only for a short period of time and then she made the decision to stay with us. So it has been with us for 16 years at least. My mother is a controlling type of person and coming from the old school, you're the child no matter how old you are and you have to obey what she tells you to do. And I said, no, no to that. So that was a big adjustment and even though things have improved a lot, I have to always be careful that she's not going to step into my boundaries.

Back home, you have the extended family, so if there is a need for something, you will go to your mother, your sister or your friends and so on, to find a solution for your problem. But all of a sudden it's you and your husband and the two of you have to look into things and hopefully try and bring a solution together. In so many cases, even though the two were alone here, it was not the case that you were able to come together to reach a solution and the women quite often felt alone in that kind of a situation, but I think little by little, you gain awareness. I think also that comes with age when you mature. I think myself it came in my middle 30s that I started to question a lot of stuff. When I came here

I was 28, 29, so I think I went through those first years on that emergency pilot, surviving, and negating my own needs, my own pain and so on. Then when I reached age 35, 36, I started wondering, my God, what's going on in here?

In 1984, Luis finally got permission to go back home. When I came here, I remember telling my husband, whatever happened, no way that I was going to go back. I realize now, the only reason I didn't want to go back to Chile even for a visit, was because I was afraid that if the military was going to be back that he would be taken to jail again and that the whole story was going to be repeated and I didn't want to go through that. Flying in and seeing the Andes mountains, I started crying like crazy. And then we saw our Chilean flag, wow! Then another important thing happened and it was quite powerful. There was a big event, like a festival; Pinochet was still in power. The police were out there as a reminder to say, "We're out here, don't you do anything." So we went in there and all the songs were denouncing what was going on in Chile. There was one point they was a lot of chanting and a lot of things that were said when Allende was in power. That was too much and I went into panic and I knew that I had to run, I could not stay and that was the point at which I cut the umbilical cord from my husband and let go in that sense. So the next day, I said, "Luis, I cannot pretend that I will have the guts to be behind you and support in anything you do. I would be a liar to say that I am ready to be with you and willing to fight for whatever needs to be done." So that was quite a significant event for myself and more than a wake-up call to say, hey, up until now, you have been trying to please and to do whatever you felt as a wife you're had to do, but now as a woman, you really need to fight for yourself.

I conformed with what was expected of me as a woman. You're a child, you go to school, I did that. You go to university, you get your degree, I did that. A month after I got my degree, I got married. A year after I got married, I had a child. A year after that child is born, I ended up experiencing what is was to be a single woman and then re-marrying in a sense, yet still not fully aware of who I was or giving myself permission to exercise my control or my power. The time I remember when Luis got out from jail, I kind of returned back to him, more than

I don't like the words control and power, but my ability to run the family , to look after my son and look after myself. I did that on my own without having him there to say OK I'm giving support here. I did it on my own so I know that I can do it. When he came out from jail, with the embrace, it was as if to say, here I'm giving back what is your role. So it's the breadwinner, you know and I will continue being the mother, the wife, your friend.

I think it was the birth of my daughter that also gave me back a kind of message. Here you are going to be raising a daughter, how do you feel about being a woman yourself? I don't want her to go through that; I want maybe to break the cycle of that subservience that you do whatever the man wants; or its a prison more than subservience. How important to allow your daughter to feel happy with who she is. That is what I want for my daughter and in doing that, she has also helped me, because how could I teach her to be assertive if my own relationship with my husband, at time I have not been assertive enough. So it has been a beautiful journey. She trusts me and that is good. I hope that we can keep that relationship. It's like the ocean, the waves will come and they will caress the sand and the water will go back and I think that relationships, close relationships are like that. I don't want her to be so attached to me that she will not have a life of her own. I hope for the wisdom to trust my daughter; I always tell her I trust you and I trust you to make the right decision. It's not always easy, with influence from other people. How important she does what feels right than what other people want her to do or say.

My mother went through menopause shortly after my father passed away, she was 42. She was telling me about the hormonal changes and how difficult it was experiencing all these hot flashes, they were just awful. But she took this hormone therapy and that really helped her a lot. She felt so good about the menopause was that she no longer had her periods and that was a big, big thing. But nothing in terms of emotional turmoil that the change will bring.

I wasn't very well aware about the perimenopause. Initially, my doctor thought it was stress and I remember her suggesting the idea of perimenopause and the idea of kind of getting the hormone therapy. I have been doing some

readings, too myself as much as possible and trying to go through it as naturally as possible. Trying to consider, well, the same thing as going through my period, it was quite natural. There was nothing I could do to start or stop it and with the menopause the same thing. I do not like some of the symptoms, well, the dryness of the vagina. That was one thing that was quite upsetting for me. Why is this happening to me? But I was able to check things out to the doctor and the doctor was able to give me some information and say that at that age, it's a normal thing and you can use a cream or what ever and you will feel some relief. And also the whole aspect of the spiritual. I am kind of on that path right now, trying to be in touch with that spiritual me. I am enjoying the time with myself. Before I would have thought that was too lonely, but now I try to get some time by myself, I'm reading, I try to do meditations, so, but I know the things that I have experienced myself, the lack of concentration, sometimes my thinking is not clear, like I said before, sometimes I get my periods back, but they have become more irregular.

I think menopause is an opportunity for me to go inward; giving me an opportunity, for one thing, to get to know myself a little bit better and to start appreciating myself a bit more. And for the realization that it's up to me to start nurturing myself. That flower is up to me whether it could dry up or be alive. And I do not see menopause as the end, I think it's another change, it's another station in my life. It's probably the discovery of another petal of that flower. I see things that way. I'm trying, I'm really enjoying my own company. I am learning to trust myself, my gut feeling, my inner wisdom. I feel so happy and I feel proud of myself that I have not allowed to be influenced by things outside me, that it's coming from inside. That is the most meaningful for me right now. Therefore, it's that constant search for who you are, because I mean, you can be so busy, and that is one thing, I am very, very busy, I think in trying to be honest with myself and trying to be able to give to others as well.

At some point in our consciousness, all women will come to share one common place and it's at our very core. I think about women's issues, I think we all come to meet at the core of our lives. By generations, women have carried a

lot of this pain, and how important it is now this sharing will be helpful to other women, for women to be able to share with one another, sharing our pain, sharing our joys because it's only by sharing that we'll be able to learn, be able to have like a point of reference. Without that reference point, that is where we end up trying to mimic the life of what a man would like us to be rather than what a woman is really.

Theme Analysis

The women's narratives turn on two major points: the process of leaving and settling into a new environment in Canada which I have labeled "from exile to transnational" and the process of interpreting and re-interpreting their role as women in the face of both immigration and maturation, which I have called "changing the boundaries/definitions of womanhood." I have posited four interlinking subthemes under each of these rubrics.

Table 1: Theme Analysis of Chilean Interviews

From Exile to Transnational			
Leaving Home	Surviving	Always an Outsider	Roots & Branches
Changing the Boundaries/Definitions of Womanhood			
Mothers & Daughters/ Husbands & Wives	The Secret Body	No Less a Woman/ Menopause =Old Age	You Go with the Time/ As Young as You Feel

Leaving Home

The process of leaving home encompasses a range of expressions from engagement in the public political processes in Chile, to the circumstances of the coup and its aftermath, the decision to leave and for many—the decision not to return.

> *I never anticipated to be in another part of the world. I was hoping to be close to my family. I was hoping even to work close to where I was born, but you can't predict the future. That's the lesson.*
> *-Anna*

The turmoil and violence that was to envelop Chile could not have been predicted. The swiftness with which the oppression overcame the country meant that decisions to leave were often hasty, requiring some to flee to another country or to leave with few belongings, invariably leaving behind other family members and friends. For those who attempted to survive under the regime, the choice to immigrate was swayed by their thoughts for their children's future.

Leaving home under duress contributed to the sense of exile, of being evicted from a homeland beloved for people and place; punished for activities that should not have been punishable. In Chile, many were engaging in a new social and political process, but during the process of immigration, control shifted into the hands of bureaucrats who made decisions about their future and was shaped by policies which threatened to segregate family members. Even the location of a final destination was often determined by the someone else.

Although all expressed gratitude for the sanctuary offered by Canada, concern over fracturing familial relations was evident. Guilt over leaving others behind and the enormous sense of loss felt as family members grew up, married and had children, contribute to an overall sense of being robbed of the joys of familial and social relations. Eva's mother admonished her for blaming herself and said, "It's more healthy to feel anger towards the person who like the rulers of my country than myself, how much they took away from my life and my children, they grow up without the love and care of the rest of the family."

The theme of leaving home is not grounded in a temporal sense, but permeates life on an on-going basis turning on questions of identity, location, engagement, roles and employment. Making sense of leaving home requires reflection and re-interpretation especially as the context for exile has changed and as children seek out their identity in the Canadian context.

Political engagement provided the major impetus for being targeted by the regime and for choosing to migrate. At the onset, opposition to Pinochet created a cohesiveness amongst newcomers to Edmonton; however, over the years, and as Chile reverted to a democratic government, this central focus has dissipated resulting in reflective and ambivalent feelings about their political beliefs. Some women regretted their engagement while others have parlayed it into the arenas of social justice, human rights and community issues. The impact of their activities on their children is also divided; some children felt a particular solidarity with First Nations and African-Americans[4] while others condemned their parents for engaging in activities that would disrupt their lives so thoroughly.

For those exiled, there is the hope for return which was reflected in the community's efforts to contribute financially and through awareness to resistance efforts in Chile. Returning was often a pivotal event in deciding to remain in Canada. Despite strong attachment to homeland and relations, the lifestyle, values, and military presence, which was in place until 1989, destroyed the dreams of returning for many. Leaving Canada would also mean choosing between reuniting with parents or remaining with their children, who had known no other home. As Rosa said, "I don't think we have a right to broke the family again (sic)."

> *At first, everybody wanted to go back. But you grow older and the children also grow older, some got married, children at the age they can manage and go back, they have returned that's the situation.* -*Eva*

The decision to remain signaled the transformation from exile to transnational, establishing a home in Canada, but maintaining ties and considerations in Chile.

Surviving

> *We have to survive, we have families. . . . When we came here, many men especially, they . . . started acting like they were single, acting like a university student, but they didn't realize*

here they have a family, they have to learn the language and they have to survive and they have to mix with the mainstream because this is so important. - *Marta*

The theme of surviving was woven throughout these women's testimonies and embraced economic, linguistic, social and emotional domains. For some, the quest for economic survival began in Chile where they were raised in low income households; while others experienced a plummet in living standards following the coup when they lost jobs or when the major breadwinner was imprisoned.

Upon arrival in Canada, survival took on all-encompassing dimensions. There appeared to be little time to absorb the initial shock of language, winter, a new city and a new system, which forced people to find their way in this new society. Canada Manpower and Immigration provided employment and language training assistance to some, but not all newcomers, thus many of the first acts of survival in Edmonton included learning where to obtain assistance, where to shop, the names of Spanish-speaking professionals and where to access the job market.

People were anxious to obtain employment, regardless of status, and were eager to learn English, seen as the key to both economic and social well-being. The two efforts were often linked; viewing some low wage and status employment that involved meeting others as a language learning opportunity, thereby enhancing the meaning of the labour. The overwhelming sense of industriousness displayed in work and the willingness of some to challenge themselves to take on new employment paths attests both to the need for economic security and the pride afforded labour among the Chilean left (cf. Kay 1987).

The majority engaged in formal language training, either through government agencies or self-funded, but other communication strategies were employed including writing, sign language and practicing simple sentences that could easily be appended. Language training and further education opportunities were occasionally bypassed in the decision to remain in a wage-earning capacity

despite its relatively low status position in order to maintain a financial base for the family.

Surviving was greatly facilitated by the mutual aid provided one another. "Because we feel so isolated, what made us to organize," Marta said, "the isolation made people get together." On a formal and informal basis, the development of community links was fundamental for survival for those who arrived and those who had already settled, providing avenues for reaffirming political identity, maintaining ties to Chile and fostering social support.

Another form of survival took the shape of emotional self-repression. Suppressing painful memories of atrocities experienced at home, of the secondary torture some women underwent while waiting for family members who were in prison or reflecting too directly on the decision and consequences of migration were essential to focusing on economic survival and the initial settlement process. Placing the family first, meant closing off parts of oneself. As Christina told me: "How did I rescue myself? I put it aside, opened a drawer and stuck it inside. Keep going, Christina, you have to keep going." Children, too, learned not to burden their parents with trying experiences, as one woman noted that only recently did her son and his friends reveal their experiences of racism at school while they struggled with integrating into Canadian classrooms.

Survival has moved through and transcended various stages. Although economic survival is still a concern, familiarity with the job market, possessing Canadian experience and further education has altered these circumstances. Only one woman struggled with English and most were adjusted to Canadian winter (or at least as well as anyone). Support appears to be available; however, the sources of that support have undoubtedly changed. At this time, the consequences of emotional repression are of greatest concern and although this strategy has helped women and their families survive, it has not been without its cost and only recently have some women seized the time to reflect, nurture and heal themselves.

Always an Outsider

You're always an outsider. A regular Canadian person born here doesn't have that opportunity to see things like that from

the outside, from those corners. It makes you extra-sensitive and concerned and worried. . . . it has it's advantages because what you see on the outside the other people may not necessarily see it. And for me, it made me a better person.

-Anna

The liminal existence of the exile also provides an outsider's perspective granting the opportunity to reflect on what is normally taken for granted in both Canadian and Chilean society. This insider-outsider status was often underscored when returning to Chile where social discrimination and stratification became more evident. One woman reported feeling uncomfortable with the presence and treatment of maids in Chilean households; suggesting that she would not have questioned these relationships had she remained in Chile. For some, the loss of time spent there, the fear that would not dissipate, the increasing disparity between rich and poor made it increasingly difficult to feel at home in their native country.

Likewise, in Canada, linguistic, political and social differences set Chileans apart on arrival. Both subtle and overt discrimination became more evident and ranged from the lack of recognition of Chilean credentials and housing problems to taunts in the schoolyard and isolation in low-paying jobs. Drawing on their own experience and, perhaps, aided by their politicization in Chile, some women claimed a heightened sense of awareness of these issues which as Anna notes has the potential of making one aware of discrimination towards others.

Roots & Branches

My oldest daughter went back to Chile because she wanted to find her roots, to find out where she belonged after so many years in Canada, she didn't know where you belong. It's like you're a tree without roots. Psychologically it make you feel like who I am, where do I stand? So she went to Chile to find out and it was okay, it was good them because they said, we are half Chilean, half Canadian.

-Esther

Formulating an identity is seen as essential, particularly for young people. Eva said: "If you know your roots, it's like a tree, if you have good root, you grow. But if you don't know who you are, then it's hard because then you feel displaced." Teaching children Spanish, telling stories of home, encouraging

children to partake in Chilean heritage and community activities were all part of nurturing those roots. Promoting identification with Chilean heritage was also effected through volunteer work in various community projects and provided an outlet for meaningful interaction with other members of the community. Most felt they sowed seeds of pride and knowledge of Chilean heritage, but respected their children's efforts to branch into their own identities as Chilean Canadians. Identities proved to be hybrid and flexible. As one mother told me, if there is a Canadian soccer team playing a Chilean team, my son will cheer for Canada, but if Chile is playing another country's team, he will cheer for Chile!

Negotiating identity is not limited to young adults, but resurfaces with adults whose roots were once firmly embedded in Chilean soil, revealing the conflicting pressures on the transnational. For Monica, who arrived in Canada in 1990 following years of working against the regime in Chile, her Canadian passport was referred to as her "wealth," which allowed her to travel to Chile to stay or return to Canada as she pleased—or was necessary. In contrast, others who have remained in Canada for far longer, were hesitant to undertake citizenship, as Rosa explains:

> *Why I don't take Canadian citizenship, because I don't feel. . . . I say thanks to this country because they give me the opportunity and they give the opportunity to my sons. I work for the country, I pay my taxes. If I have to do something for this country, I'm going to do it, but I don't feel like I say, I'm Canadian.*

Changing the Boundaries/ Definitions of Womanhood

Mothers & Daughters/ Husbands & Wives

I always blame her for not divorcing my dad when she was 25. And I told her this when I was younger. You're complaining because you're a coward. You took all that shit and you didn't have the guts to divorce my father. You'd have to go out and work and sweat and get the money for my sister and I and you didn't have the guts for that. And this is what I thought of my mother. That's why I thought I should never take any ka-

ka from anybody. That's my mother, that's how she's made. . . . So we are all what we are. -Christina

In much of the literature on Latin American families, the extended family is reputed to be a major source of relations and support; in particular, mother-daughter relations are presumed to be quite strong (c.f. Kay 1987); however, for the majority of women in this study, the counsel and support of mothers was noticeably absent. Constrained by the demands of work, housework and other siblings, mothers appear either distant or treated their daughters as adult confidantes, poisoning, from their perspectives, their childhood worldview with the unsavouriness of the adult world. Mothers issued warnings about men; marking them at menarche as dangerous agents. Maternal advice focused on survival in a man's world; therefore, husbands were men to be served and appeased while on the other hand, daughters were encouraged to pursue education and work to avoid being economically dependent on a man. Some of the women did enjoy close relations with their mothers, but as they wanted what was best for their daughters, they were sent to school and in effect removed themselves from the closeness their daughters desired.

Looking back on mothers' lives, women tended to reject the pattern of paternal infidelity and maternal economic dependence and perceived weakness for failing to break away or confront abusive relationships. As a result, women chose to behave differently than their mothers and foster a different kind of relationship with her offspring. They strove to discuss issues openly with children on topics once taboo such as reproductive health, sexuality and dating.

Immigration necessitated a re-evaluation of roles in the family. Some men were less able to adapt to a decline in status and loss of identity while women had to be strong and sacrifice for the family. Without the assistance of an extended kin network to aid in home, child care and to assert moral authority over men's potential philandering, women took on greater responsibility both at home and in the workplace.

You have to be responsible at work, you have to be responsible at home, as a mother, as a wife, as a home-wife, you have to do everything. It's very hard to be a parent, very hard. -Marta

Some women talked about learning to assert themselves, drawing on their knowledge of patriarchy to challenge the power relations in their marriages. These married women demanded a realignment of roles rather than a total restructuring; for many, motherhood still remains the most important role and their greatest contribution to society. Their relationships with their children appears to be quite distinct from those with their own mothers, wishing to impart values of self-esteem and independence in their daughters, which compels them to learn and practice it themselves, thus creating a new cycle of relationships between mothers-daughters, husbands and wives.

The Secret Body

> *I can't ask anything from my mother. . . when I got my period I didn't know what it was going on and so I looked around myself and I thought I had a wound or a cut. Because I didn't understand what was going on, I went to a little creek, a little pond and I washed myself with very cold water and I got really sick because of that. . . . Everything was so private.* -Luz

The body has been a place of silences, whispers and admonitions. From stories about babies who were delivered either by storks or by ships from France to the silence about menarche and sex, a woman's body was a site of mysterious and frightening occurrence. The repressive silence cloaked information on sexual relations as well.

Fear and shame wove through stories about menstruation; fearing mother's reaction, not knowing how to address what was happening to the body which was bleeding out of control—for some thought they might shed a few drops of blood rather than a muddied torrent. Often other adults interceded when witnessing a girl's distress: a grandmother, an aunt or a neighbour, but their declarations that they had become a woman were less than comforting.

The horrible mess was whispered about with minimal information shared, leaving girls wondering about the dangers boys posed or the changes in their bodies during adolescence. On her own, Marta had prepared specially made napkins which disappeared; the soiled ones were found years later by workmen

doing renovations in the house. Years later on a visit to Chile, she was speaking with her sister :

> *She said I never talked to my mother, I never talked to anybody, I never talked to absolutely anybody. . . I was the one who stole those pads . . . because I was so afraid and so ashamed I didn't want to show to anybody and I threw them all under there because I didn't want anyone to see them. See what I have done for so many years? Hiding everything, because I could not tell my mother about my period.*

Menopause: No Less a Woman or Fearing Old Age

Frank discussions about menopause with female colleagues and friends created a point of connection for women in this time of life and contrasted with the silence about the topic held by their mothers.

> *I don't care if I don't have a period. . . . I don't feel like you are less of a woman, . . . who wants children after 53?*
>
> *-Esther*

> *My only concern with menopause is aging. The only aging that concerns me is my intellectual decaying.*
>
> *-Christina*

The meanings of menopause assert themselves on a number of levels and occasionally resulted in simultaneously held attitudes that appeared to be contradictory. On a physical plane, a wide array of symptoms are attributed to menopause, producing the most elaborated list of all three communities in this study. Significantly, although a host of symptoms were associated with the cessation of menses, not all women experienced them and only two women were plagued by problems to such an extent that they were persuaded to seek medical intervention. The symbolic aspects of symptom expression reflect the embodiment of distress experienced by Chilean women in exile. Several women interpreted their symptoms as reflective of their tenuous socioeconomic status or as directly related to faltering marital relations.

Menopause was also conceived as both a new beginning, part of an interior journey or making time for oneself, and as an unmarked on the life continuum as it did not signal any dramatic change in public image so they were no less a woman. No less a woman begs the question: what is a woman? A mother, a

wife and a lover. Menopause, therefore, does not detract from the role of mother and may actually enhance woman's position with the introduction of grandchildren; however the role of wife and lover, has in the past been in question. The assertion, that women are no less after menopause, pushes back against the traditional Chilean male notion that maturing women are asexual and unattractive.

In contrast, fear of aging can be linked to both loss of productive rather than reproductive status as well as loss of attractiveness. Thus, appearances of aging marked the lifecycle with a potential decline in social status and change in productive role. For a significant minority of women, aging and menopause were linked in a tenuous manner.

Aging: You Go with the Time or As Young as You Feel

> *It goes, you don't notice that much and you learn how to go with time.*
> *-Esther*

> *I don't relate to age, because it is more how you act. So middle age can be between 35 to 80!*
> *-Eva*

As with menopause, two themes emerged with regards to aging, one which suggests that aging in a natural process that slowly envelops a person, compelling her to slow down. This dovetails with the notion of appropriate time and place for the lifecycle. The majority of women associate aging with attitude and functionality while some come close to raging against the injustices of age.

Conclusion

Through intensive effort, these women have survived the losses they have encountered, they have learned a new language, raised children without the traditional support, they have challenged themselves in work, in reassessing their beliefs and commitments and their home life. Throughout this process of

transformation, they have experienced changes in their bodies and have interpreted these changes in the context of their lives.

The experience of menopause is complex, perhaps confusing, and engages notions of public/private and production/reproduction as well as the attributes that pertain to female gender roles such as wife/mother/woman. Cessation of menses is unmarked publicly, but may promote private and interior reflection. Mothering and grandmothering roles are maintained, but within the private realm of the household, the role of wife—for some—must be asserted. The experience of their mothers and friends, whose husbands rejected them following surgical menopause, could only serve as a warning. Thus many women gave notice that they remained sexual and feminine, refusing to link reproductive capacity to worthiness or attractiveness in a form of resistance that does not reject a traditional gender role, but subverts it.

Discussion about menopause is no longer secretive, but shared with other women in a sphere that is at once public, but occupies only a portion of the public world. Within this context, menopausal symptoms express both private (marital) and public (economic) distress that is again shared with other women.

For many, but not all women, menopause is linked with aging which has consequences in the public sphere and relates to presumed loss of attractiveness in the private sphere as well. For instance, in Chile, aging has a discernible effect on women's role in the labour market while in Canada the effect is less evident. Concern about aging is also related to economic insecurity, the possibility of becoming a burden on family and one's identity as contributing member of society. Hence, maintaining productive rather than reproductive roles are of greater concern to these women along with the continuation of their roles as mothers and grandmothers.

The impact of immigration on these women's experiences of menopause can be assessed by their responses to the ideal self. The ideal self was generally reflective of traditional gender roles citing aspirations to live in extended families, fulfill the duties of a housewife or care for children. The loss of extended family in Canada necessitates a redefinition of these aspirations which now focus on

extending career and "youthful" status. Resisting the idea that postmenopausal women are asexual or diminished, differentiates these women's experiences from those of their mothers'. The process of immigration and the attendant shifts in household power dynamics may contribute to the rejection of these assertions; however, a comparative study of current attitudes towards menopause in Chile would be required to evaluate the legitimacy of this claim. Nonetheless, migration has apparently shifted the dreams for this age along the axis towards the public sphere and demonstrates the flexibility of women to endow menopause and aging (as they are linked here) with meaning in a new environment. Further theoretical implications of these findings will be addressed in the concluding chapter.

Endnotes

[1] Please see Appendix 2 for biographical profiles, demographic and personal information regarding the Chilean participants.

[2] Torture of Latin American refugees included sham executions, rape, beatings, abuse with electrodes, suffocation and extraction of toe and finger nails (Allodi and Cowgill 1982). Women especially were subject psychological and sexual torture. Generally those who admitted political participation were treated more severely (Allodi and Stiasny 1990). Long-term effects of torture include suicidal ideation, anxiety mistrust, guilt, low self-esteem and difficulty concentrating (Fornazzari and Freire 1990). Anecdotal evidence suggests that some women who survived torture and trauma recall these events at menopause when they are once again amennorheic or suffer from heart palpitations (c.f. de Souza 1990).

[3] The life stories included in each of the data collection chapters are first person accounts gleaned from the interview transcript. Each life story has been reviewed and approved by the narrator.

[4] Camino's (1994) study of the identity of Latin American youth in the U.S. revealed that many considered themselves as part of the masses of indigenous peoples who inhabited the Americas including Native Americans.

Chapter 5

SOMALI WOMEN

O Aunt, how does one deal with an old husband? Oh niece, you deal with him the way I do . . . If he asks for meat, you slaughter a boney old goat for him . . . When he asks for knife, give him a sharpened dagger (in the hope that) he cuts off his fingers . . . What if he asks for a pillow? You fling a hard one at him and if he complains about how hard it is, May God's curse be upon him. . .

- Somali song, in Adan 1981:139.

Introduction

For most Canadians, the image of Somalia is conflated with the inquiry that drew into question the integrity of the Canadian military. The macabre photos of Shidane Arone, tortured and murdered at the hands of Canadian troops, and the ensuing cover-up are foregrounded while the conflict which apparently cast Somali against Somali provided merely a rustic back-drop. The nightly newscasts provided little context for the conflict while Somalis appeared both blood-thirsty and quaint; apparently appeased by the transfer of camels to Arone's family rather than demanding of some semblance of Western justice. These images of poverty-stricken, violent and backwards people—however unjust—often taint Canadian-Somali relations and contextualize the stories of the eleven Somali women in this study.[1]

Long ago in Somalia, we had no problems. Our problems began with the war. They killed my husband in front of me, but we go ahead with the life. They're having all those problems, but still some people here think that there we didn't have electricity, water, houses, cars . . . The Canadian people think we have nothing, but we are Somalians and we are rich. Doesn't matter how much it costs, but when Somalia has peace, we will go back to it.

-Aman

Somalis comprise one of the largest single ethnic groups in Africa and occupy the region represented by the nation-states of Somalia, Djibouti, parts of Ethiopia and Kenya. Until the imposition of borders by British, Italian and French colonial powers, Somalis had migrated throughout the Horn of Africa region (Simons 1995).

Kinship forms the basis of Somali social organization. The origins of clan identity are attributed to Hiil, the father of Sab and Samaale, mythic brothers who represent the divisions between the Samale, northern pastoralists, and Sab who are the traditional farmers to the south (Lewis 1988; Mansur 1997). The four major patrilineal clan families, Dir, Isaaq, Hawiye and Darood, are comprised of a number of patrilineages that range in size from 20,000 to 130,000 (Lewis 1988, 1994). Segmentary lineages serve as the basis for political alliances and loyalties; the diya-paying group, a contractually-bound group that handles blood compensation, makes most frequent demands on loyalty and serves as the basic political and jural unit (Lewis 1988, 1994). Lineage affiliation operates not only in rural areas, but in urban areas as well (c.f. Simons 1995). Women maintain natal clan affiliation and can draw on affinal kinship networks (Lewis 1994; Opoku-Dapaah 1995).

Islam is one of the major identifiers of Somali culture and has acted to unify Somalis against the potential entropy of clan divisions. The religion was introduced to the region in the 15th century, and drew upon indigenous traditions resulting in a syncretic form of practice and beliefs (Ali 1995b). Sufism is the predominant form of Somali Islamic practice and has assumed political as well as spiritual significance. For twenty years, Sayyid Mohammed, a Sufi leader, led Somalis in a struggle against colonial powers who were active in fomenting interclan rivalries against a unified front (Lewis 1988; Simons 1995).

After World War II, Britain retained control over British and Italian Somaliland and parts of Ethiopia, uniting ethnic Somalis under one administration. Without consultation, Britain handed over the Ogaden and Haud regions generally occupied by Somalis to Ethiopia; the remaining lands under British control were granted independence in 1960. In 1969, a military

coup led by Muhammed Siyad Barre led to the establishment of the Somali Democratic Republic (Lewis 1988; Simons 1995).

Barre established himself as a Somali-style socialist, appealing to indigenous egalitarian ideas and Soviet aid. Barre's notion of socialism encompassed the nationalization of certain parts of the economy, increasing self-sufficiency and creating better education. He forwarded a Pan-Somali identity, implemented improvements in education, abolished diya-paying groups and initiated infrastructure projects (Samatar 1988). This effort was aided by the formulation of an official Somali orthography. The creation of a national written language and the subsequent drive for education and literacy would serve to unify Somali identity and to bolster the legitimacy of Somalia as a nation-state (c.f. Balibar 1996). The standardization of written language could also dissolve dialetical differences in spoken Somali that reflected geographical and clan affiliation. During this drive, the acknowledgment of clan identity in public was taboo; although indirect forms of inquiry would reveal the same information (Mansur 1997).

Barre's appeal to Pan-Somali identity included offering to reclaim territory occupied by Somalis in the Ogaden region under Ethiopian rule. The Soviet Union had been supporting both Somalia and Ethiopia prior to the dispute, but Ethiopia proved a more formidable prize, thus support for Somalia was withdrawn leaving the country isolated. The loss of the war and the effects of a subsequent drought led to unrest. By the mid 1980s, Somalia's population (excluding refugees) was estimated at 4.7 million; approximately 44% were nomads and 31% were engaged in farming. Infant mortality was 152/1,000 making it the seventh highest in the world. Only 11% of the population had access to drinking water (UNICEF 1987). Barre responded by consolidating power in the hands of his allies and Darood (Marehan) clan members. Opposition to his regime was solidified when the Somali Nationalist Movement was formed by Isaaq clan members in the north. Struggles for power occurred both within and without the government and clan divisions (Simons 1995).

Women and Men

"Who can stop a Somali woman? Drown her, murder her --
yes, but as long as she has breath in her body, she'll talk."
(quoted in Adan 1981:135).

In general, gender relations and roles are inscripted by Islamic thought and practice and despite Orientalist assumptions—and fundamentalist claims—gender remains a contested rather than static issue in the history of Islam and in contemporary Somali society. Ahmed (1992) maintains that claims to both an egalitarian tradition in Islam and one which strictly proscribes women's behaviour, originate in ethical and spiritual assertions in the Qu'ran which support the former, and in judicial interpretations which appear to support the latter, but which vary considerably. Sufism, the form of Islam most prevalent in Somalia, allowed women greater opportunity for spiritual exploration.

Although Islamic ideals of virtue and honour are upheld, Somali women bear little resemblance to Orientalist stereotypes of Islamic women as oppressed, veiled and meek. For example, Adan (1981) describes how oral literature and song are engaged as expressive outlets, allowing women to voice protest and joy, describe women's conditions, encourage proper behaviour and express solidarity. In one song, a mother sings to her daughter: "When you reach a marriageable age, and if God keeps his approval, a wicked mean and evil man, a wife-beater and intimidator, to such a man (I promise) your hand won't go" (in Adan 1981:124).

Perhaps, the most vivid example of the power and position of Somali women is found in the stories of the legendary queen, Arawailo. Arawailo organized a women's strike and while the men were preoccupied with housework and childcare, she seized power. Tales of Arawailo abound. Men claim she was a cruel ruler who singled out men for her hostility while women honoured her rule (Affi 1995). The story is told that when she died, women mourned and placed flowers and branches on her grave while men who reviled her threw rocks on the same site until it became a huge mound of stones. Thus shrines to Arawailo

today are still marked by heaps of stones thrown by men and offerings provided by women (Laurence 1993[1954]).

Traditionally, Somali men and women have been interdependent; the environment and modes of production require the active participation of both sexes in Somali society and production. Nomadic women are responsible for rearing animals, weaving the mats and constructing the *aqal* (moveable dwellings), caring for children, obtaining water and selling products. In agricultural regions, women are responsible for numerous areas of production including sowing, marketing grain and caring for livestock (Ibrahim 1991; UNICEF 1987). On the political front, women have been actively engaged in the independence movements, political organizations and the civil service (Affi 1997b).

The Barre government promoted women's participation in education and established the Somali Women's Democratic Organization; however, women's participation in decision-making was limited (Affi 1997b). In the Somali Democratic Republic, female enrollment in elementary education increased 200% and 100% at the secondary level. Literacy rates for women rose from 5% to 34%. Life Education Centres were organized where women were trained in income generating activities (Ntiri 1987); although they were predicated on female arts. In 1975, the government passed the Family Law which declared men and women as equal, enshrining women's right to inheritance, political office and land holdings (UNICEF 1987). Despite these efforts, women's participation in the economy has been limited and women working in areas traditionally associated with men faced some resistance, as this former business woman attests:

> *It was difficult because when you are travelling by yourself and working in a man's world and meeting with men and trying to be with men, women are seen as a minority. I'm fluent in Italian and when I used to go to Italy people would ask me . . . "Why are you by yourself? Why don't you have someone to escort you?"*
>
> *-Maryam*

Women's sphere of activities is wide ranging and includes social, economic and spiritual undertakings. Women may gather together in prayer and

instruction around older women who are well-versed in the Qu'ran. Particularly in urban areas, where formerly nomadic women are engaged in fewer productive activities, more time could be allotted to spiritual studies, leading to the growth of women's Qu'ranic study groups. These gatherings also led to the institution of the *hagbad*, women's lending circles, which contribute to the economic well-being of women in Somalia and abroad (Adan 1981).

Traditionally, marriages were contracts agreed upon between families that could be broken by the clan council or *xeer* (Adan 1981). A bride price and dowry were agreed upon—the basic tenet of the marriage being:" 'What belongs to you is not herself, but her services,' for which a bride price is paid in compensation" (UNICEF 1987:121). Elopements are also not uncommon; although the husband's family is expected to compensate the bride's family for their loss.

Many of the women in this study chose their own husbands without any disapproval from their parents, while others were betrothed by their parents or a designate if the parents had died. Sometimes parents did interfere with their daughter's choice:

> *My parents didn't want me to go. I had two children with my husband and they didn't want me to be married with him. They wanted me to divorce him. My parents didn't want them at home. I was divorced because my parents didn't want them at home. Then I got married to my second husband. It was my choice also, no one forced me to get married. I was married with him until he passed away.* -Khadija

Many of the older women recall being quite shy with their husbands who were often 15 to 20 years older than their 15 or 16 years. Young women are expected to be virgins; to be otherwise would be a great shame for their family. Divorced women can readily re-marry having proven their fertility in many cases, but command a lower bride price than a virgin bride (Simons 1995).

Somali men may have up to four wives at any time and maintain separate households for each wife and her children (Lewis 1994; UNICEF 1987). Although much of the literature bespeaks of the rivalries and jealousies inherent in polygynous marriages (c.f. Adan 1981), several women spoke with equanimity, even fondness for being part of a polygynous relationship. Husbands remain

responsible for supporting a woman and her children, thus as long as they fulfilled this duty, women seemed to find the arrangement quite acceptable. For instance, Amina (see later on in the chapter) spoke of the relief she felt when her husband remarried as enjoying her children was primary in her life. Occasionally women cared for the children of other wives who were regarded as, the brothers and sisters of their own children.

Divorce is quite easily obtained and common although it is easier for men than women. Grounds for divorce include: incompatibility, infertility, strife, inadequate maintenance or disease (Lewis 1994). Despite the frequency of divorce and the ease with which divorcees may remarry, several women were adamant that Somali women stay loyal to one man throughout their lives. Hodan tried to explain this discrepancy:

> *Divorce is acceptable, but it's not a good thing at all. It's not good. The younger generation is getting divorced easily, but for us, getting a divorce was like ending your life. It was better to die than divorce.*

Childhood and Family

> *I was born in the far east of the country . . . . My father passed away when I was three years old. My mother raised me. We had goats, we had farms, we had camels. The river was right beside so we didn't have problems with water. When my mom passed away, I got married to my cousin and we had a wonderful life together. We had everything we need . . . . I had my brothers and sisters with me . . . . I was 16 when I got married and I was 17 when I had my first son. Then child after child were at all levels of school from elementary to university . . . . We never had any problems. He [my husband] never touched my body or fighting or abusing. . . even quarreling, we never had any problems . . . . We had a good life.*
>
> *-Aisha*

Descriptions of life in Somalia, prior to the outbreak of violence in the late 1980s, were idyllic. Women commented on the sense of solidarity and respect that permeated their memories of home. We had a luxurious life, many of the women confess to me. A luxurious life embraced family unity, the presence of

their spouse, children and relatives, economic well-being including ownership of property and sufficient resources for all family members. A luxurious life included the closeness of neighbours and the assistance offered by not only kin but servants. Women who worked took pride in their independence and ability to earn an income; while women who did not work outside the home recalled they did not need to and were content to raise children and supervise household staff. The environment was clean and not heavily industrialized. Fresh vegetables, fruit, milk and meat contributed to the notions of a good life and to the maintenance of health. Housing was spacious, accommodating the numbers of relatives who resided together at any given time.

In particular relationships with children were considered to be a focal point, and are more prominent in discussion than husband-wife bonds. Children are expected to remain with the family unless they are attending school. For example, Hodan describes her relationship to her children, caring for them is the anchor for her day:

> *For us, our children, no matter if it's a boy or girl, they are with us. No matter if they have graduated. . . Mothers love their children a lot and take care of them a lot. They're at home, they don't go to work. They stay with their children and feed them. . . . When one is ill, . . . I like to take them out of their bed and put them in my bed, so they can stay with me. . . We have a good time and talk to each other. I do ask them individually how was their day, how was their teacher and what they taught him. . . . We talk about what they want for their future, what they want to study. . . . Then that's the end of our day and we go to bed and then we start our day again.*

Life was full and meaningful, yet, these memories collide with visions of violence and rage. The question remains: what changed in the course of their lifetimes to engender this catastrophe and resultant Somali diaspora?

Politics

> *We started our life with Somali independence. In 1960, I was in a luxurious life. . . . . life changed with Siad Barre's government and later on we thought that was the worst we could have, but when the war happened, now we are crying for him because at least at that time we had peace.* -Aman

An estimated 350,000 have died in the civil war since 1988 while 80% of those living in Somalia suffer from malnutrition (Ali 1995b). Somalis dispersed to different regions of the world. Neighbouring countries were the first recipients of Somalis fleeing the country. Ethiopia received 300,000-500,000 Somalis between May 1988 and January 1989. The majority were Isaaq clan members who had supported the Somali National Movement (SNM); many had witnessed the slayings of unarmed civilians by both the Somali Armed Forces and SNM (Gersony 1990).

The effects of the war on women has been traumatic. In some regions where unemployment is upwards of 75%, between 35%-60% of households are headed by women. In the Basaso-Garoe region, 70% of the residents who participated in a survey had over 10 dependents while almost all women were caring for four or five children orphaned during the war. In Mogadischu, women reportedly lost between one to five children during the hostilities whose average age was five (Mocellin 1993).

Often as single women with numerous dependents, women are bearing the brunt of the war. Women are vulnerable to gender crimes such as rape, harassment and sexual exploitation. In some cases, crimes against women take place within refugee camps where women are reticent to report activities since officials may also be perpetrators (Mohamed 1997). In this context, the Somali women in this study have re-located in Canada.

Somali Immigration to Canada

> *With the war, we left everything behind. That's all I get (holding on to her dress), my scarf, my clothes, that's all I get. All the jewelry I got were the things I had on my body. Nothing else. Some of my family died. All of my belongings were taken away. Thanks to the Canadian government, they helped us. They supported us at least to survive.* -Aisha

There are approximately 70,000 Somalis in Canada; comprising one of the top ten sources of refugees (Affi 1997a). The seeming abruptness with which

hostilities erupted in Somalia meant that people fled with few possessions and little forewarning. As Aman stated, "to come to Canada was not part of my plans." Family members were often dispersed in the process. Most are settled in Toronto with over 22,500 Somalis in 1991 (Kendall 1992) or the Ottawa area which is home to approximately 13,000 Somalis (Affi 1997a).

More than half require medical treatment and assistance with housing and subsistence; yet many wait for additional services which are denied them until they qualify as permanent residents. Most avail themselves of assistance through kin networks and are generally unaware of settlement agency services (Opoku-Daphaah 1995). Many of the refugees from Somalia have survived torture and trauma and have reported symptoms ranging from dizziness, headaches, back and stomach pains to nightmares, loss of appetite, anxiety and problems with memory and concentration (Simalchik 1992). Two thirds of the Somalis in Toronto reside in high rise apartment tower complexes; a form of housing that is completely foreign. Approximately 50% reside in public or subsidized housing. Nearly half feel they are not accepted by their neighbours (Opoku-Daphaah 1995).

For some of the older women, isolation is particularly trying, as is the cold. Visiting neighbours is increasingly difficult due to the climate, distance and lack of time: communication is by telephone instead of through personal contact. The pace of life is significantly faster, with less time for leisure. Some women have formed friendships with women living in their buildings, spending time together, studying the Qu'ran and praying. For Hodan, who resides in the much smaller Somali community in Edmonton, her daughters have become her dearest friends and confidantes. For many, the desire to return to Somalia once peace is established is evident; already Amina has returned to the north which has brokered a peace settlement between warring factions.

Many women complained of declining health in Canada. While at home they might suffer from a headache, they now succumb to numerous disorders—many stress related. Aman noted, "Here we're walking with a cane, but back home, we are able to walk straight." Other diseases such as cancer appear to be more

prevalent although they may have been experienced under a different label in Somalia.

Language learning is seen as crucial to making one's way in Canada and some women are enrolled in English language classes. As Opoku-Dapaah (1995) noted, certain assistance programs are not available for those awaiting landed immigrant status and many people are unaware of programs for which they might be eligible.

In many respects, women were quite ambivalent about settling in Canada.

> *For the first three years, I was really in shock. And then I came to know this country. I realized it was a good country that respected human rights.* -Hodan

Women were grateful for the peace, for the educational opportunities afforded their children, for universal health care and assistance for housing and medications, yet lack of meaningful work, prolonged separation from family members, particularly children, and discrimination plague daily living in the land that was to be a refuge.

Employment, Reunification and Participation in Canadian Life

> *All we are waiting for is the work to change. We can't work; we don't have any work. All we are waiting for is the welfare cheque.* - Fatma

Canadian immigration regulations were amended in 1993 with the passing of Bill C-86 which requires refugees who cannot produce identity documents to wait for five years until qualifying for permanent residency status. Without landing status, migrants are unable to sponsor relatives, pursue post-secondary education or qualify for various settlement assistance programs. These regulations have an enormous impact on Somali refugees. Somali society has never emphasized written documentation; moreover, women are less likely than men to have official identification such as a driver's licenses and in the ensuing crisis, the ability to apply for travel documents, which presumes a surviving infrastructure for processing such papers, was curtailed (Affi 1997a).

Although Somalis have been admitted to Canada as bona fide refugees, many of them, mostly women and children, are left in a legal limbo that invariably places roadblocks in Somali women's avenues to re-establish meaning and wellness. As families have scattered due to the war, assembling family members is of greatest importance to women, in particular, women are dedicated to having their children nearby. Concern for their children's well-being underscores their absence. The stress has contributed to the failing health of many women who attribute their newly developed afflictions such as hypertension, diabetes and gastrointestinal complaints to overworry and over thinking.

Somali women are most likely to face employment difficulties since they are usually responsible for childcare and domestic responsibilities, but they also face barriers with regards to lack of Canadian experience and lack of recognition of qualifications. In a study of Somali refugees in Toronto, 47% of the women were receiving public assistance (Opoku-Daphaah 1995). Without employment, sponsoring children even once they have obtained landed immigrant status is difficult. This contrasts sharply with the desire for women to work not only for financial benefits, but for their own self-esteem and to earn the respect of others.

> *I was a business woman in Mogadischu. I had my own house. We lived in our culture, in my family. Our children were respecting us, here, even if they come, how will they respect us?*
>
> *-Safia*

The decline in living standards is significant, yet Somalis confront stereotypes that depict them as poor nomads living in a violent country lacking in basic amenities. Fatoun remarks: "My husband was an ambassador to many countries. . . Last year, he was an ambassador . . . now I'm waiting for the welfare cheque."

Gender and Immigration

> *Somalis really need to learn how to deal with racism; to understand what it's coming from, because we never experienced it before. A lot of women are also isolated, frustrated, lack support; some have 5, 7,8 kids by herself to get to school. Do the housework, it all adds to stress. . . . They are foreign to doctors, they don't know what to do, so they don't say how to do the episiotomy properly. There's a rumour that*

they [physicians] do c-sections so they won't have too many kids.
-Ruhiyya

Racism, language barriers, unemployment and poverty are significant barriers to settlement in Canada. Furthermore, Somali women must contend with the image of the Somalis as welfare recipients or oppressed Islamic women marked by the *hijab*. Increased awareness of female circumcision in the West has contributed to an exoticizing of the issue and condemnation of women who are circumcised. Overall this has made women more hesitant to seek gynecological attention. Jamilla, a young college graduate remarked:

> *They [Canadians] think Somalis all have infections because of circumcision; it's not true. When they call it mutilation, I really get angry, it's not mutilation. Not at all. That's a term I don't agree, they think we stink. Some people wrote . . . they have infections, they have diseases. That's not true. [In Canada] they [Somalis] don't feel like going to the doctor, unless they're having a baby.*

The majority of Somali households in Canada are led by single women, a new phenomenon wherein women are wrenched from kin networks and compelled to take on new roles (Affi 1997a). Men may have been killed or died due to the hostilities, others have been left behind or were unable to find their way to refugee camps. In Canada, women are thrust into new decision-making and economic roles. Internal familial relationships are also changing, as the respect generally accorded those older is eroding when they are seen as helpless in the new situation themselves (Ali 1995a). Raising children in Canada can also be viewed as perplexing and seemingly more difficult than growing up in Somalia.

> *Canada's not good for children. . . . The education is not the same as back home. It's not as good as back home actually. . . . I like my culture and I would like to raise my children with my culture. . . In Somalia, you are not afraid when the children go outside, they can play easily outside. They go to play soccer anytime they want, but here, we are afraid they'll be abducted.*
> *-Fatma*

Some women also spoke of their children's ability to cope with racism in school and the complexities of language learning while dealing with contesting attitudes towards dating and sexual activity; all of which contribute to a

overwhelming sense of difficulty in raising children in Canada. Some mothers recognize the difficulties that teenagers face in this new environment and would like nothing more than to return to a peaceful country to raise their children in Somali culture. In another study in Ottawa, generational conflict and disciplining boys in the absence of male figures in the household was seen as particularly trying (Patton 1996).

The high rate of unemployment amongst Somali men in Canada has exacerbated household tensions. Domestic violence has also arisen as a problem in Canada whereas in Somalia, kin provide shelter and protection against abuse (Mohamed 1997).[2]

Women's Health: Somali Perspectives

Health and Healing in Somalia

Traditional medicine in Somalia is a syncretic form of Eastern Cushitic folk tradition, Arabic medicine and folk traditions from other indigenous populations. Somali tradition also has a well-documented pharmacopoeia of herbal remedies (UNICEF 1987). Illness was generally treated with the prayers of a sheikh; however, women are well versed in other remedies. Steaming with attar or other fragrances, moxibustion, infusions of herbs or eating special foods—ranging from sweets, garlic and hot peppers and fresh meat to goat soup for jaundice— were used for a wide range of ailments. Healing is the purview of God, but mothers are also important in healing their children for they have a special knowledge when they are ill.

Some Somalis suggest that some illnesses are attributable to spirit possession. The cure involves an exorcism that is time-consuming, elaborate and expensive. Demon possession was an affliction that most commonly befell women between the ages of 30 and 60. Maryam suggested "it might have something to do with women trying to assert control over their husbands."

Western biomedicine was also practiced although seeking the advice of a physician or going to a hospital is seen as a sign of weakness; thus people will often wait until a crisis to seek medical attention. As the political crisis

developed in Somalia, health care facilities also deteriorated, hence some women had difficulty obtaining medication for pre-existing problems. The war also precipitated various reactions to trauma while the stress of waiting for papers and to unify the family has contributed to a host of stress-related disorders. Biomedical care in Canada is seen as welcoming, but primarily relying on pharmaceuticals to cure ills.

> *There are some sheikhs here . . . We call them sometimes, but now it's ourselves and we have to read the Qu'ran for ourselves. We call the name of God. . . . God will help us. We just pray for ourselves, that's it. We believe in God and we believe in our medication and we believe in the Qu'ran, so the combination of all, we will be OK.* -Aisha

Menstruation

> *My husband asked me why I was waking up crying. I told him that I saw something that I have never experienced. So he said, it's OK, it's a part of being a woman's body and it's something all women get. It's not something unusual. [How much older was your husband?] Almost 15 years.* -Hodan

Like Hodan, many of the women learned about menstruation from their husbands as they had married before menarche. Described as a shock, a frightening experience, older more experienced men were able to reassure them that this occurrence was a normal part of womanhood. Khadija was one of the few who was apprised of menstruation by her older sisters. Mothers did not discuss menstruation in advance, and even those who experienced it as a shock chose not to prepare their daughters for it.

Menarche signals the onset of adulthood for girls and some women said that as mothers they feel that they have lost their "babies" who are now young women. The onset of menstruation also meant changes to their relations with boys whom they were to avoid from kissing (presumably if they were unmarried) lest they become pregnant. Several women experienced menstrual cramps which were treated with a variety of remedies: including herbs boiled in ghee or ingesting honey or having the Qu'ran read over them by a sheikh.

Women were asked to adhere to a myriad of menstrual restrictions which included sleeping apart from their husband, refraining from using cold water, ensuring the sleeping room temperature was not too warn, keeping oneself clean without actually showering, refraining from washing their hair, refraining from or reducing the use of eyeliner, henna, make-up or perfume and avoiding carrying heavy objects. Some were told they could shower a bit, but not comb their hair. After seven days, a woman would comb her hair, wash the hair that was removed and bury it. Their daughters pay little attention to these guidelines and some say women may refrain from sleeping with their husbands for only two days instead of seven. Most importantly, women were to refrain from praying during menstruation.

> *When you have the period, you don't feel dahir, you don't feel comfortable, you don't feel clean. Dahir means deeply clean to pray. So if you are not dahir when you have the period, you don't go to the mosque, when you have the period, even your skin is not clean and you can't touch the Qu'ran, the holy Qu'ran book.* -Aisha

None of these guidelines were perceived as being onerous and as suggested were flexible and subject to interpretation. Not being clean or *dahir* was itself something which came from God and was a normal part of a woman's life and hence readily accepted. Six women in this group bore between nine and fifteen children; therefore, menstruation would have been relatively infrequent as women were spending much of their reproductive lives either pregnant or breastfeeding.

Pregnancy and Childbirth

As with menarche, some women who married young were unaware of the consequences of intercourse and were frightened of the changes that occurred to their body during pregnancy. Yet having the expertise and support of older people in the community to draw on, meant that little preparation was required. Some women said that little is spoken about childbirth so the young girls will not be afraid of the process. Women were advised to avoid spicy foods and eat fresh fruit and meat.

Women are encouraged to rest for forty days following childbirth and stay warm. The mother and infant will be cared for by family members or servants.

> *When you are about nine months pregnant, you have something called a kur, which is a big party. You invite neighbours and friends and family to come and you kill a couple of goats. Then after birth, for 40 days, you stay at home. You don't leave the house. It used to be that children were born at home so they wouldn't normally see someone. After 40 days, you have something that announces to everybody that you've finished that period. The baby is taken outside to see the sunlight. Then you choose like a godfather or godmother, you choose who is going to take that child out for the first time. And that person is supposed to, that child is supposed to take on the personality of that person. So you choose someone you admire, or someone who has some specific aspect of their character.*
>
> *-Maryam*

For the first child, a woman might return to her mother's home to learn how to breast feed and care for the infant. The new mother is meant to take care of herself and avoid contact with her husband. Raqiya's daughter Reza explained to me: "She doesn't have to see her husband or anything. She has her independence." During this time, women are deemed the most beautiful; as Safia said they are described as "beautiful like an apple."

"According to the Islamic religion," Jamilla shared, "when a woman is breastfeeding a baby, the husband has to pay. Every time, he has to pay." The husband is expected to brings gifts of jewelry, gold and new clothes to the new mother to compensate for engaging in labour he is incapable of. Without the gifts, Safia said, "I won't allow him to be near me!" After 40 days, women signal they are *dahir* by cleaning themselves thoroughly, trimming their nails, combing their hair and using kohl and henna.

Gender preference was not indicated as long as the children are healthy; although some women said their husbands prefer boys while they preferred girls although their daughters teasingly admonished them for loving boys more!

These glowing visions of childbirth, support and wealth contrast with the experiences of the younger women around them in Canada who do not have the anticipated support for rearing children. The avoidance of contraceptives is a

concern for Ruhiyya, a community worker. While large families are readily cared for by extended kin networks in Somalia, the consequences of bearing similarly sized families in Canada without adequate support is not readily accepted.

Menopause

> *Who cares if you have the period or not? . . . . Your children grow up, so we don't care about husbands and you don't care about having periods. We don't care about any of this. . . Our husbands got married, so once you are past having children, past the age of having children, we don't care about the husbands, sleeping with them or the period.* - *Aisha*

The Somali term for menopause, *dhaqmo ka bax*, means not likely to have children. According to several women, some refuse to admit that they are menopausal and are insulted if the suggestion is made for they are deemed "over the hill." Others believe they had a miscarriage or were pregnant. Maryam recalled driving a neighbour, a mother of 12, to the hospital; she was upset because the doctor told her she was going through menopause and she had just married another man. Although women do not discuss menopause with one another, none were at all disturbed by the prospect.

For the women in this study, menopause is the time, according to Raqiya, "you start your independence." A woman does not need to worry about her husband or feel obligated to "see" him, but can just look after herself. As it is considered best not to have children late in life, menopause is welcome. In addition, menstruating at the same time as one's daughters was seen as sometimes embarrassing, thus it was welcome when it stopped. "We love to miss it!" Hodan exclaimed. Menopause means being independent and free.

Most importantly, menopause means being *dahir* (clean) all the time; praying need never be interrupted. This is the time in a woman's life when she can take care of grandchildren and dedicate herself to prayer. No bodily changes are associated with menopause . None of the women experienced any symptoms that they associated with menopause; although one woman heard of someone who experienced sore breasts. Only Aisha reported any hemorrhaging and consulted a physician.

Forget about my mother, I will keep and respect, if they don't have any children, my mother's friends if they are old. Forget about relatives, but even if it's the friend of my mother and she doesn't have anyone to take care of her, I will take care of her. We care for each other, we help each other, we support each other. They keep the mother, like they care well. Until the end of our life, they will treat her well, respect her and take care. But how can we get such respect or treatment if our children are not here with us?
-Aman

In Somali culture, respect is paid to those who are older than you. Terms of address are generational; by the time a woman reaches her 40s, she is addressed by the honorific *edo* or auntie, a term which demands respect. Respect circulates; what one gives to others should be repaid by those younger including one's own children. Thus as Aman indicates, the absence of her children in Canada, deletes a vital segment of that cycle of respect. Respect is effected in practice through direct physical care or facilitating on-going contact. For instance, Aisha's children are with her and treat her with respect: they wash her clothes, cook for her, massage her and sleep beside her.

The majority of women felt aging accorded them greater respect at home and in the community in diaspora; however, some did not feel that respect was extended from non-Somalis and worried about the changing values of the younger generation. The youngest woman in the study, Ruhiyya, however, felt that women in their 40s were considered old in Somalia while in Canada they were not. Canadians were generally regarded as less caring about the elderly, but not living up to the negative stereotypes they had heard about in Somalia.

They used to tell us that they [Canadians] don't care about older aged people and they just kick the mothers in a separate place, put them in a shelter or something for the elderly.
-Amina

A woman is considered old in her 60s when she can no longer have children while men are not old until they are in their 70s. Hence, menopause may be equated with old age, yet again this is unproblematic.

The best thing for my life at this age is when my final days comes is to be reading the Qu'ran, to die with the Qu'ran. To

die with Aad aab. Aad aab means when you watch God and when you follow all the things you're supposed to do. -Raqiya

Ideal Self

The ideal self focuses on both dreams for their children and the time for self and contemplation. Hopes that their children will have completed a high level of education and be bearing children of their own for them to indulge. They also dreamed of continuing in their work, of garnering love and respect from their children and spending time on Qu'ranic study.

Immigration to Canada has altered those visions of the ideal self. Without work or community, some wonder how they can command respect even from their children. The desire to be a grandmother has been subverted for some by children who are not anxious to marry or bear children. However, some women appear to be adapting to new circumstance and were not hesitant to assert their own desires of enjoying their postmenopausal years.

My wish is for all my children to complete their studies and then I want to go to do the pilgrimage in Mecca and to live in Mecca. So forget about taking care of grandchildren!
-Maryam

Life Story: Amina

I have seen many changes. A high rise of living standards and developmental change for all people. Things changed, when I was young. It was good for us those days, at that time everything was easy, everything was available. The country was good at that time. Everything was available like food and farms; everything was growing. It was the time my mom was living. Soon after that, I lost my mother.

We were four when my mom left. I didn't know my dad, he died when I was very small. I was eight years old when my mom died so as eldest of the four, I took care of those children. We had a large farm, livestock and a house. All of this was under my care. Some grandmothers were looking after us from afar, but I was happy and things were easy for me. I got used to doing these things

because there was no mother and no one to help me from an early age, I started learning everything, all the work.

My uncles used to help when the farm needed ploughing. Men usually do the ploughing itself, but women pick up the crops and help around, so my uncles came usually once, twice a year, to do that. They also used to help me with looking after the livestock; like sometimes they needed a place to be built for them and sometimes to get water from far places. So these general things my uncles did, but all the others, women's work was on me—which was quite a lot!

In my mother's time, people lived only on livestock, like they were not settled in one place; they were on the move always looking for grass and a better place for the animals. But in that generation things changed, because farms were created and people stayed in one place instead of moving around. So they kept their livestock within the farm in my generation, but in my mother's they were moving. Things changed when this was happening and even clothes changed and the way of life. Like before, most lived on milk and meat from the animals, from the livestock, but later when people had farms and stayed in one place, they became nearer to the towns, so they took the livestock from them. Food styles changed, too. Instead of milk and meat, they ate rice and things like sugar. So things changed.

Some of the changes happened to the family. Before, girls were married at older age, but then in my generation, (well other people were different), but in my family, in my community, they were marrying early. People, well girls, started marrying earlier. Like I was married at fifteen. I was looking after my four brothers, but they married me to my husband at fifteen.

Boys and girls were circumcised at about seven or eight years. It was only for boys that meat is given, at that time they treat boys and girls differently because at that time they give this meat only for boys. I remember they couldn't even give us water, no water. It was very hard for them, the girls. Like sometimes there was no room for urine so at these times they cut her again.

Even for boys, when they are circumcised, there was the same party, but then for boys only, they slaughter some meat, from some animal, a cow or something

for them, to keep this meat for the boy. But for the girl nothing. Even if you are so thirsty. If they gave them water, they believed it would not be stitched okay. I don't know why they believed that. It would take about two weeks to recover. No water. You'll be given if you tell them you are so thirsty, you'll be given drops with a spoon. No water for girls. That woman would come back and make sure. She will look at her. I was so scared, I was turning my head, this was not good to her. But now everything's gone normal, lucky them!

Boys would be circumcised as a group and girls as a group with friends or with family. At least it was some compensation for the little girls to be with her friends or her sisters. If she was alone, she would have hurt more. But when her friends are there and all of you have the same, you just feel that you have a little bit more [support], you talk to them and all that. Usually even if they were friends or neighbours, they slept in the same room at that time.

Then again on her wedding night they cut her again. It was terrible! These are one of the things that has changed, people are forgetting to do that, like now they don't do that. If the girl was not stitched up well, the men's family would make a hole in front of the house in the morning so everybody will know; they will guess what the hole is for. It's for the girl, the girl is like that. They used to cut a little piece from her clothes so everybody can see that she's like that. So these are some of things that changed. Now they no longer do that.

I didn't know anything about marriage! Even the word, marriage, didn't make any sense to me. Even when I married sometimes I would just go and sleep wherever or go under the bed and hide from him, I was so scared! Now they know everything about marriage, even young girls. It's changed a lot from generation to generation. When I had my first child, then I just realized that now I am a married person.

We were so scared about marriage. The things we used to fear! Like when a woman goes somewhere with her husband, like seeing them together, it was terrible, she would be so embarrassed. Even saying her name. If the man used to call her name, like Amina, people used to say, why is he calling your name? Even some women used to say, when he called her name, "Why is he calling my name?

He's not the one who named me!" Woman, they would say woman. Woman, where's that woman of the family or where's the children's mother, something like that, but not her name. We'd call our husband the same thing, old man or man, man of the house or the children's father. But now its changed now, women are living separately, women are just running their own way or in public.

When I got my period, I didn't come out of the house for two days and two nights. I thought that something bad happened to me and I couldn't face the world. Oh! It happened while I was married; my husband told me it was normal. It's like that for all women, its something that's natural. I just changed things and came out. When he told me it was normal then I believed him. But I was shocked. Oh God! I was told not to pray or carry heavy things and don't see your husband. Up to seven days, we had no contact. Nowadays women kind of follow these rules, but not that much. Like maybe two days maybe. Like menstruation was late at that time, it was not less than 15, 16 it used to come. But now, it earlier, it's 12, 11 even, some of them. It depends on their lifestyle, like if they live leisurely, they get period earlier, but before the diet was not that good, so girls less than 15 were not getting their periods. As soon as the girl gets her period, she becomes an adult. Boys are adults at about age 20, can be up to 20 when he is an adult and he is marriageable. They don't marry early before, a long time, especially men, they are waiting.

Pregnancy? I was so scared, I never heard of it. I thought something else has gone in my tummy. There was no one to tell me about that and I didn't tell anyone about my pregnancy even my husband. He knew all along, but I was so scared that later I told him that something is moving and he told me that it's the baby. Normally, the mother or any woman, every woman would just talk about it. But at that time there was no one. For childbirth, we just had experienced women who were local. I was never in the hospital. Only my youngest son was born by a midwife, but all the others were women who were experienced. Now its different.

After childbirth, women would eat cooked flour, ghee and sugar, so she used to keep warm, then she'd get soup and meat. She'd get warm milk directly from

the cows, so it was more preferable to have milk from the camel, that was more good for the women, but if it's not available then cow milk. Then she can eat whatever. She delivers tonight, and in the morning, she goes out for her work (laughter). She works in the house, she does whatever she was doing the day before. On her own, around where she was working.

There were three wives before me, but two of them were divorced soon after. Only one other had a child for him. So I was the second of the five wives who had children. The wives were in different locations. Married life did get easier, I just stopped running around! Whenever I heard he has married again, I just felt relaxed. I preferred to be alone with my children; my husband moved around. It was like burden was gone from me. The children from the other wives and mine were the same to me. I didn't mind about the other children; they were just like my children, too. My husband used to bring sometimes those children to us and they would be with my children. So we knew each other and all that. Sometimes they used to come to stay when they come to our town and leave them there. Three of them were near each other.

Menopause was gradual. I used to get my period every month, but then one time it was late fifteen days. I was surprised, at that time I thought I was pregnant or something, but then it came. The next time it was one month late and the third time it was three months later and it never came back. I was healthy. Yeah, I was happy about it because I knew it was to do with age and now I was an old person. And secondly, praying, it could be non-stop now. Women have different opinions about menopause. Some women are like me and accept it that it is the time to get it and they are happy about it. But there are others who don't believe it and think as though they are pregnant and there was an abortion. So many of them think that they have made an abortion every time and that there is an interruption.

People in Somalia don't like aging because it was not written. Nobody knew when they were born. Most were saying, you are older, like you were born in the year of the drought or the year of the rain something like that. So they used it to just talk about it like that, but nobody likes age. Seventies is an old person.

Somalia is just a disaster right now, people are going all over the world to escape. If there is peace, people will go back to the country to build it. In the past, people liked each other. There were no fights or anything like that. People don't like each other like before. They were close, like people became more independent from others, more separate. Like before anyone who hurts a woman or says something that's not appropriate to a woman, the rest of men used to punch him, yeah if a man talks badly to a girl or hits her. Now, a man can hurt a girl and nothing can be done about it. I don't know actually what happened because before women were respected so much, especially when they were girls before marriage. Maybe it's the city life, I don't know what happened, but there's a change there.

Before it was better, for children especially, when they breastfed for two years, they were hardly ill. They were always healthy, there were no problems, but now this changed. For example all of my children were healthy when they were growing up and most of them were like that, but now we need doctors and all that. They were always healthy. It was better in the old times when they were moving like the nomad; they were healthier then.

Like when kids, when small children have a cold or something, they use to take garlic and just press it and then they would just blow it in their nostrils. There were some other kind of herbal medicine too; we used to mix it with the water, with the milk. It was from the trees, we'd get it from the tree and mix it. Older people used to eat meat when they had a cold, a lot of fattish meat, something with fat. If a person has TB or smallpox; they used to use quarantine; they would keep them away from people. They used to make a tent for him or her and put her in and slaughter for her one healthy cow or some other meat. They used to make a hole, a space there with a hole and make a fire. When the fire is so white, when there are no more flames, then they would cover the fire, so the sand is warm. Then they spread the sand and the person sleeps on that so its always warm from side to side. When he eats the meat, fills his stomach and then he sleeps better.

God takes care of people who are sick, but apart from that only the mother. People know when they are ill, but for children, the mother knows. Only a mother will know when a child is sick. Even doctors will ask the mother what's hurting the baby. The mother knows. They have a kind of illness called "high tree". The remedy for that is to look for a certain kind of bird's stool. They put it in the water and mix it and they wash it. Otherwise the man who has killed that bird, that same bird will put something in the water and that water is used to wash. Both things used to be relieve it. If the child has some white stuff on his tongue, at the time, so we said that he needs salt. So they mix salt with water or something, that's how we used medicines. And if the mother is breastfeeding him, nursing him, then the mother must eat something, some meat and some things that will help her. For colds, they would treat it by eating more meat and more milk and soup. And TB, those were the only two things that used to happen in those days, colds or TB, one of those. But now, women, they just take the kids immediately to the hospital, they were always complaining. I've never taken my kids to a hospital. We were in the city and I never took them to the hospital.

I have many children. I see only the good part of them all. They all love me and have good thoughts. About a lot of love and being family, it's the same thing. Something that I remember, both good and bad, well its not that good. It's good when I see my children grown and everyone's taking care of themselves. But sometimes I remember my husband, like when he died, at an age when most of my children needed both of us. And I have to work and all again once more in my life and start to look after eleven children. Later three had passed on. I looked after every single one, but it was fruitful work. So these are some of the things I remember. That's what I remember.

Theme Analysis

The conversations that occurred in the course of these interviews focused on two major topics, the impact of immigration and reflection on the sources of meaning for Somali women. Within the context of uprootedness, themes are

further subdivided into paradise lost, the waiting game, here I'm like a chicken and unsettling. The gifts of womanhood circled around children, being *dahir* and respect.

Table 2: Theme Analysis of Somali Interviews

Uprootedness			
Paradise Lost	The Waiting Game	Here I'm Like a Chicken	Unsettling
The Gifts of Womanhood			
For the Children	Dahir	Respect	

Uprootedness

Paradise Lost

> *We were supporting each other. My sister was here, my mother was here, all in the same building and we were all happy together. We had quite a beautiful life in there. Thank God. All of the country was beautiful. We were happy with what we had whether we were economically rich or not. We were happy with what we had.* - *Fatoun*

Living in apartment towers, exiled to winter, images of home suggest an opulent paradise that belies the poverty portrayed by UN statistics or the internecine struggles that have punctuated Somali political life. Visions of a rich family life are cast in a web of kin and the kindness of neighbours. The portrait of a nurturing and respectful society arises where those who are weaker—whether due to age or economic disadvantage—are cared for as a matter of course. Despite internal contestation, this environment was still relatively homogeneous; here one's own language, values and religion are writ large in the greater society and are reflected back in the security of social bonds and daily life.

What shatters this idyll seems to strike from behind, unsuspected, vile and swift. Little time is spent describing the hell that enveloped paradise. Comments which allude to murders observed, hurried exits or the dispersal of human

flotsam are almost tangential to the discussion of paradise lost. The colours of this luxurious life, the support of family and servants, the taste of fresh camel milk, of fresh fruit, the social world of nearby friends, must heighten in the state of longing and contrast with the hazy Ontario skys and the dirty Alberta springtime snows. The memories of paradise are shored up and re-told, serving as a ballast against the Canadian images of Somalia as a pitiless inhospitable environment.

The Waiting Game

> *Some are in Saudi Arabia, some are in Somalia in Mogadischu. Some are in another part of the Saudi peninsula. I have two children here, but they don't have landing visa yet. We are waiting five years for the landing visa. I have Canadian citizenship, I've been here for six years. But what's the use of being a Canadian if I can't bring my children here?* - *Aman*

The January 22, 1997 news release from Citizenship and Immigration Canada cheerfully announces that the estimated 7,500 Somali and Afghani refugee claimants lacking identity documents will need wait only five years to obtain permanent residency status. By 1998, almost half of the affected refugees will be eligible to apply, the release is pleased to report. Five years is a long time to wait for Fatma whose aging mother is alone in Asmara. Five years is a long time to wait for husbands or children who linger in refugee camps in Ethiopia, in Kenya or those who wait out the end of violence in Mogadischu. Five years is a long time for the high school graduate who cannot find work and cannot attend postsecondary school until the waiting game is over. So the wait for the social assistance cheque begins and the wait for time to pass continues. Once eligible, the bureaucratic process of sponsoring family demands more patience and time.

Inshallah, if Allah wills, is the expression that frequently occurs in discussions about this process. *Inshallah*, I will get the papers or my family will be reunited. Sometimes interpreted as a sign of fatalism or lack of self-reliance, this term appears to signal shared context and understanding.[3] Facing down the Canadian refugee process can only be regarded as an act of high daring and demonstrates

both a rejection of fatalism and a notable ability to take action in adverse situations. The waiting game, however, draws upon the patience and good will of those who are unwittingly engaged in it; *inshallah* may be a way of coping with the uncertainties of the process utilizing Islamic imagery that is familiar and certain.

Here I'm Like a Chicken

> *I was in my home, now I'm a refugee, that's the difference. There I was like a queen, here I'm like a chicken, like nothing.*
> *-Aman*

Famine, conflict and corruption circulate in Western stories about the Horn of Africa region. News stories of former warlords obtaining refugee status have cast unwarranted suspicion over the entire cohort of claimants that is predominantly comprised of women and children. This suspicion is further reinforced by an immigration policy that implies Somalis (and Afghanis) may misrepresent their identity or that of their compatriots. These denigrating images of Somalia and Somalis, underscore the decline in status that the Somali women in this study have experienced. Moreover, their pride in Somali heritage and identity is undermined by the dominant Canadian perceptions about Somali culture. Wearing the *hijab* or traditional Somali dress, subjects women to stereotypes and misconceptions about the nature of Islam and women's place within it.

Many of the women lived comfortable existences; they owned homes, employed servants and chauffeurs and financed university educations abroad for their children. Some were engaged in lucrative business ventures that involved travel and independence. In Canada where they are forced to rely on government programs for financial and housing assistance, their sense of self-worth is severely undermined.

> *You're very ambitious, you are eager to improve your life, your economy. Just one day you will gain 1 million Somali shilling. . . You go to your people and visit them. So you go to bed really happy. You're happy and full of life.* - *Hodan*

Unsettling

Having a teenager in Canada, they might get a boyfriend, it's a big worry for us. It's not part of our culture. -Fatma

Contrary to the notion of settlement and integration, migration to Canada is proving an unsettling experience for these women. As a result of the war, women were wrenched away from a familiar landscape and deposited in an urban environment possessing widely diverse ethnicities, values and lifestyles. While cast in this new world, women were also compelled to contend with new parenting and decision-making roles, undoubtedly allowing for little time to absorb the enormity of the changes they have been through.

Some women are anxious about their children who are being exposed to conflicting values and practices. For instance, the insistence on independence that permeates Canadian youth culture poses a potential threat to the multi-generational household and the closeness of the mother-child bond. The ability for young adults to collect social assistance when they move away from home is a new phenomenon for Somalis and a concern for mothers who fear their children will take advantage of these opportunities. Children who are circulating more in the dominant society than their mothers are also exposed to greater incidences of racism, for which their parents have few coping mechanisms.

Somali women are also confronted with disparate notions of the "normal" female body which defines a circumcised woman as abnormal or mutilated. Thus from the body to the social realm, the Canadian environment can be beset with unwelcome challenges or threats to stability, making settlement an increasingly difficult process.

The Gifts of Womanhood

For the Children

Our children, even if they are at university, they live at home. . . . . Until they get married, they are with the family. It doesn't matter which age they are. The mother will cook for

them, wash their clothes and take care of him, thinking my child is at university studying. If we can, we take care of him, wash for him, feed him and when he gets married, he's in the hand of his wife. You can raise your brother's children, your sister's children, if they need a hand, if they don't have enough economical support. They are part of your family and they keep with you. That's part of our culture. -Aman

The mother-child bond appears to be the focal point of these women's stories. These bonds may be reinforced by the maintenance of self-contained households in polygynous marriages and may extend to the offspring of siblings or co-wives. Caring for children, loving them and having those sentiments reciprocated produce the greatest satisfaction life can offer. Working women spoke of their careers in terms of the increased respect their efforts garnered from their children. In diaspora, bringing the children together has become the most intensive focus of their efforts.

In contrast, male-female bonds appear affectionate, yet less distinct. Several women look forward to menopause because they do not have to engage in sexual contact with their husbands. Similarly, the 40-day postpartum rest period is couched in terms of independence when women do not have to "see" their husbands. As three of the eleven women in this study were married, the maternal-child bond might well prove the most dependable. There is some suggestion that men recognize this special gift of women with regards to their children as they provide compensation for childbearing and lactation and refer to their wives as the children's mother.

Dahir

When you get menopause, it's the best time of your life because you won't miss your praying time and you'll be clean all the time. So we are completely happy. - Aisha

Being *dahir* or ritually clean is a gift of womanhood. In contrast to Western notions of menstrual taboos as denigrating women, the times such as menstruation when women are not considered *dahir* are regarded as a normal part of life and as much a gift from God as the times of purity. Thus the times in a woman's life when she is prohibited from praying or touching the Qu'ran seem

to highlight the times when she is able to fully partake in religious activities. She can also signal her status by decorating her body with henna, applying make-up and wearing perfumes.

Menopause then allows women to be *dahir* on a continual basis, to "remember God" as Aisha phrased it and to embark on a path of independence from their husbands. Although some women reportedly do not share in this enthusiasm for menopause, the postmenopausal women in this study were unanimous in rejoicing in their menstrual-free years.

Respect

> *In Somalia, at this age, everyone will stop you in the street and greet, but here no. No one cares about you. No one cares about you.*
> - *Aman*

The respect Somalis invest in others is meant to be reciprocated by those younger. As women age, they can anticipate receiving greater respect from their children and the community as a whole. From personal care to greeting and giving up a seat on the bus, respect is meant to be demonstrated. In Canada, however, older women are invisible to the community-at-large and although some still relinquish seats to older people on the bus, personal care is the domain of close relations or institutions while greetings are generally reserved for acquaintances. In cities such as Toronto or Ottawa with large Somali populations, there is some ability to maintain the dignity of aging and garner the anticipated respect one deserves; however, older Somali women in Edmonton are undoubtedly more isolated.

The presence of children should insure appropriate displays of respect; however, few women have all of their offspring with them. In addition, Somali women fear the loss of respect for subsequent generations as younger Somalis adopt Canadian attitudes of indifference or derision towards older people.

Conclusion

As refugees, the Somali women have encountered an intransigent bureaucracy; they have learned to survive in the concrete towers of apartments that line busy streets. They have purchased snowboots and they have learned to maneuver through life as single parents without the assuring support of family or the economic power to afford domestic help. Congregating when possible, keeping alive the dreams of home and finding other ways of providing and receiving support make this life possible. This despite the unflattering portrayals of home and of Islam that abound in Canadian society.

The postmenopausal years are endowed with two major venues to which meaning can be attributed: spiritual activity and fulfillment of a mothering and grandmothering role. Attention to religious activity and to being a righteous woman centre on the ability to be *dahir*. Husbands may be less of a concern, while postmenopausal women may gather to eat popcorn, socialize and engage in Qu'ranic study. For many women, these private activities are readily enacted in any environment, whether it be Ottawa or Borama. No sheikh is required to lead the women in prayer, women may independently, in pairs or in a group engage in Islamic practice. These opportunities provide an unequivocally positive response to postmenopause; one that is portable and self-generated.

If menopause is linked with aging, the consequences are potentially desirable. The status of aging women is elevated and recognized within the Somali community, although there is some concern these attitudes may change. The absence of family members who contribute significantly to women's ability to enjoy these years as beloved mother and grandmother is telling. Thus of the two avenues which contribute to women's sense of well-being in postmenopause, women are able to re-create circumstances in terms of religious practice, but are less able to fulfill their anticipated parenting and grandparenting roles.

The Somali diaspora, and the regulations that in effect maintain family separation, originate in historic forces of colonialism and are reinforced by racist sentiments that fester in the atmosphere of distrust of Somali refugee claimants.

Somali women's altered experience of menopause is therefore linked to macro-level forces which are embroiled in the geopolitics of the Horn of Africa region and the movement of international refugees which conspire to prevent family reunification.

Endnotes

[1] See Appendix 5, for biographical profiles and demographic information on the Somali participants.

[2] Although this is perceived as a potential problem for Somali women in Canada, a study conducted in well-established Somali communities in Britain, found that Somali women were seen as more capable than other immigrant women of leaving abusive partners because of the lack of stigma attached to divorce and the availability of supportive kin (Summerfield 1993).

[3] c.f. Simons (1995) for a discussion of the misunderstandings between Somalis and expatriates with regards to this term.

Chapter 6

CHINESE WOMEN

Midlife stalled, I look for women. Where are they, my mothers and sisters? I listen for their voices in poems. Help me, I have fallen asleep, fallen with sleepers. These women have murdered themselves, violent, wrenched from home. Grandmother was barren. She died, tubes in nose and green shanky arm, hair yellow, a dirty eye, patches like fungus on stricken pine. I read terrible stories – hate, rage, futilities of will – and look for women, the small sufficient swans, showers of stars.

Shirley Geok-Lin Lim 1996:i

Introduction

The region of southern China where all of the eleven women in this study were born[1] has been the site of contested political and familial allegiances throughout the 20th century. From this region, families have expanded beyond the South China Sea to other parts of Asia and the Americas. Likewise the women in this study have moved between China, Hong Kong, Macau, Taiwan and Vietnam, eventually leaving Asia to settle in the Edmonton area. Although the trajectories of their lives have taken different paths, their common birthplace and common residence ensures they share claims to Chinese identity (and an imagined Chinese community) and are identified in Canada as ethnic Chinese (c.f. Aeng 1994).

The history of 20th century China is one that is punctuated by rebellion against order, followed by claims to ancient mandates, corruption, betrayals, idealism and sacrifice. By the turn of the century, the Qing court was becoming increasingly ineffectual, engendering hostility both from the lower classes who bore the burden of economic manoeuvres that placed wealth in the hands of foreigners and the emerging middle classes, who had little say in the political system. Overthrown in 1911 in a rebellion led by Dr. Sun Yat-Sen, the government was then placed in the hands of military leader Yüan Shih-Kai who soon betrayed Sun's socialist ideal of the revolution. His career was short-lived,

plunging China into a decade of chaos wherein each region was controlled by feuding warlords (Hsü 1983).

In this atmosphere, the Chinese Communist Party (CCP) and the Chinese Nationalist Party or Guomindang (GMD)—originally headed by Dr. Sun Yat-Sen—were founded. Working together in a coalition to remove the warlords in 1927, Generalissimo Chiang Kai-Shek turned his GMD troops against CCP members in Shanghai signaling the onset of hostilities that would not relent until the GMD ouster from the mainland in 1949. The GMD established the Nationalist Government of China in Nanjing in 1928 and continued to battle the CCP as the Japanese moved into northern China, setting up the puppet state of Manchukuo in 1932. The GMD government was increasingly criticized by the populace for failing to halt the southward progress of the Japanese troops; they instead focused their attention on battling the communists. During what was essentially a rout of the communist 8th Route Army, known as the Long March, the communists solidified their support from the peasantry that still comprises the vast majority of the Chinese populace. Following the end of World War II, four more years of civil war ensued ending in 1949 with the founding of the People's Republic of China (Hsü 1983).

The country that the new communist government inherited was devastated by years of war and exploitation. Prior to 1949, infant and child mortality ranged between 30-50% (Croll 1994). In urban areas, children worked for food or were indentured to employers (Eastman 1988). The early years of the new regime focused on land reform which sought to redistribute resources and disrupt the lineage-based system of land tenure that was prevalent in southern China. Sharpening class consciousness and class struggle were essential to upturning centuries-old relations and this process was aided by the assignment of class labels. Class labels were patrilineally inherited and determined the types of opportunities the new society would offer in terms of resources, education, employment and Chinese Communist Party membership (Potter and Potter 1990).

Through the late 1950s and 1960s, various plans were implemented to collectivize agriculture and social life while a drive for rapid industrialization also ensued. From 1966, the Cultural Revolution, which ended with the death of Mao Zedong in 1976, led to repeated upheavals which disrupted production and social life often at huge personal cost (Potter and Potter 1990). From the late 1970s, China has promoted not only changes to production that include the promotion of free markets, the production responsibility system and joint ventures, but an open door policy that has facilitated family reunification, overseas education and emigration.

China

Women and Men

> *When I went to Taiwan, my husband did not allow me to work, he wanted me to stay home and take care of the baby. I didn't even get out of the house, I didn't mingle with people, how can I pick up the language? . . . In the Chinese society, it's male dominant. Men are outside and women are inside. Since my husband was in the air force and always away from home, the sole responsibility of raising kids was rested on me.*
>
> *-Shui Yee*

> *In China, when husband and wife are both working, they have to share the responsibilities.* *-Ding*

These two opinions on gender roles reflect the diversity of Chinese culture as it is replicated in different parts of Asia. Shui Yee is married to a military officer in Taiwan; an island overrun, and now ruled, by conservative Guomindang (GMD) forces who fled mainland China in the late 1940s. Ding, a welder from Shanghai, echoes socialist demands for gender equality. Despite 50 years of socialist rhetoric, women in China are still expected to be nurturing, industrious and willing to bear children for the patriline (Wolf 1985)—characteristics not greatly different from the expectations for the Chinese women in Taiwan.

Wolf's (1970) work on childrearing demonstrated that boys and girls were traditionally raised to enter separate worlds; boys would be expected to uphold

the patriline while girls would have been expected to take on housekeeping and childcare roles. Girls could anticipate losing contact and support of natal kin when they marry. Traditionally, girls were considered a burden because of their transient position in the household and the inevitable cost of providing a dowry for their marriage, as a result female infanticide was an acceptable solution.[2] In her husband's family, a woman would negotiate her role in a house full of strangers and confront the potential animosity of her new mother-in-law.

Some women in this study were reportedly raised with a strict sexual division of labour in their household. Lin Fong remarked that her grandmother's preference for the males in the family was "why I ran away from home." Some women chose not to reinforce gender roles at home, preferring to offer both sons and daughters opportunities and proffering similar expectations. This has engendered some tension between themselves and mothers-in-law who appear to provide preferential treatment to their sons. Although some women were encouraged to pursue advanced education, they were directed into female professions such as nursing or midwifery, lest they be regarded as "tomboys."

Despite careers or contributing to household economy through familial businesses, marriage and children were anticipated as part of a woman's life trajectory. Most women met their husbands through relatives, classmates or friends; some families arranged marriages while others selected their marriage partners without parental control. Once married, children were expected. As Bi Yun said:

> *I saw my family had too many children. . . . When I got married, I had no choice... I was around 27 or 28, among my friends I was considered late to have a baby.*

For others however, childbearing was of central significance in their life. The prominence of these relationships is evidenced by comments offered by Sarah who described how she was "buried in childrearing" and by Lai Ming's efforts to keep her family together.

> *My husband had a girl friend. At that time, my son was just born, I was quite young. But I tolerated him because my children are more important. I was told broken families could create problem kids, therefore I strove to keep the family. When*

I got married, my mother-in-law was very old fashioned, conservative and hard to get along. Her children had so many problems that finally drove her crazy and I was the one to look after her. It was tough and my health deteriorated and a lot of stress. To my husband, I tolerate; that's the one thing I can do. Until we got here, [age 60] I am not living the way I wanted.

-Lai Ming

According to Wolf (1970), marital relations would remain secondary to mother-child bonds. In this study, relationships with husbands were regarded with sentiments ranging from warmth to disdain, often settling in the range of ambivalence. Both Sarah and Mui hint that their husbands were unsupportive of their efforts to pursue further education and Lai Ming still stings at her husband's lack of support when one of their children died. When Shui Yee's husband forbade her to work, she remained isolated on a military base while raising her children, walking long distances with a sick child because she had no resources nearby. In contrast, May speaks of their "easy" marriage and her husband's concern for her problem pregnancies; Lin Fong weeps over her husband's death, taking solace in the knowledge that her sons are similarly fine men. In many of their parents' marriages, husbands and wives lived apart while working in other parts of Asia or North America. Mui, a physician, said of her marriage to her scientist husband: "We were not always together. We stayed only a few years after we got married. When I was in Fukien, he was in Guangzhou. We stayed together only after 1974." He later took up residence in Canada five years before her.

Childhood and Family

When I was four, my father passed away. My mother asked my grandma to bring me back to Hong Kong. When I saw my mom upon my return, my grandma introduced me to my mom: "This is your mom." I didn't know how to respond, I didn't know mom or dad, I only knew my grandma! *- Cora*

In Pa Chin's (1972 [1931]) 20th century classic, *Family*, the extended Chinese family is revealed as oppressive, authoritarian and decaying. The gentrified household portrayed in the novel, though corrupt and cruel, was still a vision

aspired to, but one which bears little resemblance to Chinese families past and present.[3] The extended family was often the purview of the wealthy (Ikels 1980), and in the testaments of women who lived in such settings, it was seldom idyllic. Women's familial backgrounds varied. Some resided in large, wealthy polygynous households; others in crowded flats. In both instances, parents were often absent while working elsewhere and education was seen as a way of either maintaining or improving the family's situation and escaping a crowded household.

Several women attended boarding school; while others boarded in residence during their professional training. In some of the polygynous marriages, fathers maintained separate families—sometimes in different countries. Lai Ming describes her family background:

> *My father and her [his first wife] got married in England. . . . My first mother has two children, a boy and a girl. After the death of her son in Hong Kong, she refused to return to Hong Kong and she stayed in England, then she went to the States. My father married my mother because the first mother decided not to return . . . I have a sister from the same mother. But my father had a third wife in Hong Kong; she had a girl and a boy. . . . I have a fourth mother whom my father married in Shanghai and she had a girl. My father was very obedient and respected my grandmother a lot, so everyone had to stay in Macau and keep grandma company. Since my father worked in Shanghai for a long time, he married there.*

Some women maintained contact and supported siblings they did not know because of their father's relationship.

The education of children continues to be a primary concern of the family. Six of the women had some postsecondary training, ranging from teacher's college and medical school to graduate school. All of the participants' children were well-educated, or on the path to becoming so and several women were proud to report that all of their offspring held doctorates.

Politics

> *The Japanese were very strict to the civilians. They wanted the civilians to stand and salute them, especially the men. If they did not obey, they gave them a hard time. . . . I remember one*

incident, there were two Japanese soldiers equipped with weapons. They came to the hospital for prescription drugs for their wives who were pregnant. They needed those drugs to do away with the babies . . . Maybe due to the language barrier, the nurses simply told them the hospital did not carry those drugs. The two soldiers were mad; they opened fire and it went off at the sides. Luckily no one was hurt. -Shui Yee

The lives of the women in this study have been situated directly in the political struggles in the region. The childhoods of the older women were inscribed by the Japanese occupation of China. Shui Yee recalls how the mansion of her wealthy family provided a shelter—the home was never entered because its enormous size and maze-like structures made it too dangerous for the Japanese occupiers. Married to a Guomindang officer, Shui Yee followed him to Taiwan following the GMD defeat at the hands of the communists. Lai Ming's father moved the family back to Macau where he felt they would be safe from violence. Lin Fong was also separated from family members during the Indo-Chinese conflict in the 1950s. At a young age, she defected to another country while visiting as a member of a sports team.

The establishment of the People's Republic of China also meant that families would lose their ability to freely move across the borders between Hong Kong and Guangdong Province in Southern China. For instance, families in Hong Kong would often return to China to bear children in their native village. The closing of the border separated family members for many years. In China, the introduction of permanent class labels which focused class antagonisms also meant that educational and work opportunities for the offspring of landlords were limited, compelling some families to migrate in anyway possible. Ming describes how the landlord label affected her educational prospects:

After you finished Grade 6, if you want to continue to Grade 7, you need to pass a test. At that time, since my mom was a "landlord", it made it harder for us to pass the test. The passing mark was 70s, but if you children of peasants, the required passing mark would be 60s. . . I wrote the test two times, I failed on one, the second one I passed, but the three schools I selected didn't take me, so I had to attend private school.

These elements conspire in sometimes tragic ways to have an impact on women's later lives and immigration. As an example, Bi Yun's family sent her to Beijing to study medicine. She soon lost contact with family members for 25 years during which time they moved to Hong Kong and later to Canada. During the Cultural Revolution (1966-76), she was condemned in part because of having family members who were abroad and was sent to a work camp. In this period, formal learning was subjugated in importance to political education, compromising her children's educational foundations. Her decision to migrate to Canada, with the aid of her long-absent family members, was to provide her children with the opportunity to improve their educational status.

Chinese Immigration to Canada

> *In our society, our Toishanese, that district, most people come to Canada or the United States. You know, the people who made that railway at the time. So from that time on, our relatives sponsor this and that, most of them from that time to come here. So my grandparents and my grandfather, he was in the United States when he was just a teenager. He went back to China and got married and had a family and sponsored to the United States. . . . In Toi Shan. . . most of our relatives or friends, most are talking about going to North America. So go out, come here, seems to me, it's natural.* -May

Chinese immigration to Canada began in 1858, but was limited to sojourner males who were often indentured to brokers who provided labour for railway and mine crews. In 1947, Chinese men were allowed to bring their wives and unmarried children (Wickberg 1982). In the 1950s, approximately 2,000 Chinese entered Canada, many of them as brides for the males who were settled there (Women's Book Committee 1992); however, it was not until 1967 that the discriminatory measures against Chinese immigrants were removed (Wickberg 1982).

In Canada, the number of Asian immigrants increased to comprise 45% of the total by 1990 (Frideres 1992; Simmons 1990). Asian immigrants are usually adults and older adults; of which about 10% are university educated (Simmons

1990). There are over 157,000 Chinese immigrants in Canada from the People's Republic of China; 17,770 from Taiwan and an estimated 152,455 from Hong Kong. Alberta hosts nearly 60,000 Chinese immigrants from these three sources; over half of them reside in Edmonton and over 18,000 of them are women (Statistics Canada 1992). Results from the 1996 census reveal that over 22% of recent immigrants to Canada are from Hong Kong, China and Taiwan (Statistics Canada 1997).

Four of the women in this study came to Canada in the 1960s-1970s; the remaining seven arrived in the 1990s. The earlier group joined other family members seeking employment opportunities or came to join fiancés who were already establishing themselves in Canada. The more recent cohort includes women who were nearing retirement age who came to Canada as part of the family reunification program sponsored by siblings or children who completed university education here and chose to remain. Cora was the only person who arrived as a business class migrant. Educational and economic opportunities for oneself or often children were foremost in planning to migrate.

With some exception, most of the recent migrants arrived in Canada with limited English language skills. In China, English was regarded as the language of capitalism; thus few were interested in studying it—to some regret. Many of these women were engaged in ESL classes; although Mui's husband discouraged her, indicating that it might be too difficult. She persisted, however, in part because it is a social activity which chips away at the isolation she feels. The long-standing residents were bilingual or multilingual and found that their language skills were a great benefit and often highlighted as a job skill. In addition to Cantonese, many women spoke Mandarin, Toisan and Fukien.[4]

Edmonton Chinese Community

Some women were engaged in community activities: interpreting and volunteering for Chinese community services or helping at a Chinese Christian church, Buddhist temple or lineage society. Sarah remarked that conditions have improved for Chinese immigrants in Edmonton since she arrived in 1970 with the

advent of Chinese community services and the aid of other settlement and health agencies:

> *I was in Chinatown for three months without work. I saw how those Chinese seniors live, it was really sad. I was invited to an old lady's house for supper and she was really happy that I came. There was no refrigerator and there was hardly any food and I thought, "That's not the place I want to grow old in, that's terrible." . . . . We had nothing to eat for supper and she invited me over. It was a shock. And the way she lived, it was a small room and she had no lights, hardly any lights. All her food leftover was put on the window because it was colder; therefore, it wouldn't get spoiled so easily. So that really bothered me.*

Some recent migrants, however, felt distanced from other members of the Chinese community, citing educational and class differences which result in disparate interests. The loss of life-long relationships is heightened in interactions with other members of the community which in contrast appear superficial.

> *I feel the life here is very simple. Friends you meet here are not close. You cannot confide yourself to them, all you can talk about is something general. Back home you can talk whatever you like with your friends.* -Lai Ming

Employment

> *I need a living. I don't want to get rich, I just want to live and see my children grown up and after that you get old. That's life!* -Cora

Being industrious and contributing to family and society are values deeply held by Chinese women. Work demonstrates self-worth and value to society. Cora remarked that she would become ill if she did not work in some capacity. The women who arrived in their 20s have sustained a long employment record, often working in various family businesses, taking on factory work or in their chosen professions. Sarah, who was unemployed for three months upon arrival in Canada in 1970, has worked steadily since that time; taking brief maternity leaves when her children were born and returning to work as soon as possible.

> *I thought if I cannot work anymore, I should better die. I never thought of retiring. When I retired, I still worked and had been thinking that I will work until I can't manage. I never*

thought that I have to stay home when I emigrated to Canada. Without work, makes me feel empty. After retirement, if there is no work, I find it empty and life meaningless. -Mui

For the retired professional women from China, the lack of employment opportunities contributes to a keenly felt sense of uselessness and despair. Even though retired in China, they were able to work in their capacity as physicians or take on other employment. In Canada, they are denied meaningful labour. If they returned to China, they would be without their children, thus leaving them suspended in a liminality which deprives them of the opportunity to create meaning.

Work also enables people to support family members and to sponsor their immigration to Canada.

Because I need the money, I had to work hard. At that time, my father has so many kids, he remarried in the Philipines with 13 more children. Prior to that, my father encountered financial difficulties because he had sent huge amount of money to China to prevent the Communists from slaving my mom during the Red regime. Moreover, he had huge expenses with 13 kids. . . . My father couldn't afford to send home as much money as before and my mom was used to the previous living standard, so I decided to go anywhere and work hard to support her living. -Ming

Family in the New World

My family is all here. My grandparents, parents and siblings. My parents have been here for 30 years and my grandpa has been here for 80 years. I was the only family member in China. . . . I only came here after I retired. My children came here to further their studies, my daughter has a Master's, she is in Vancouver and my son is here in Edmonton. -Bi Yun

The families are truly transnationals: children may have attended school in Canada and are now working in the U.S., Canada or Europe. Their grandfathers may have established a base in Western Canada, returning to China to sire a family while working in the West. Their fathers in turn may have worked throughout Southeast Asia, sometimes establishing multiple households and remitting funds back to families in China. Thus for many, their arrival in Canada

was facilitated by the numerous passages made by family before them; passages which also leave the doors to the East open as well.

The efforts to reunite the family are Herculean; balanced against the requirements of international labour that has engendered this scattering of Chinese migrants throughout the Pacific Rim and beyond. This drive seems ever more poignant in light of the extent to which familial separation was experienced by most of these women. The presence of family can contribute to the on-going physical and psychological support of others and allows for the creation or re-creation of family life as imagined. Sarah and two brothers settled in Edmonton: "I had children, then he [a brother] got married and my older brother got married at that time again. Suddenly, we had three little families here and things were looking a lot brighter."

The results are not always as anticipated. In China, some spouses were assigned jobs that demanded long periods of separation; hence, they were forced to adjust to living together full-time for the first time in Canada. In the urban work units, people have many needs taken care of including cooking, therefore, some couples are now coping with the perceived inconvenience of cooking for oneself for the first time. Bi Yun's reunification with her family members who did not contact her for 25 years, was regarded with detachment. Her choice to migrate—and her decision to remain—was based more upon her desire to provide her children with better education than to re-establish contact with relations. For women who are taking care of grandchildren, these duties restrict their mobility, confining them to a household where they must contend with disparate values and lifestyles adopted by their children or their spouses.

Most of the early immigrants were cognizant of the pressures on their children and did not harbour the illusion or desire that their children would care for them in their dotage as was anticipated at home. As one of the more recent newcomers, Ding admired the self-reliance exhibited by the nuclear family; in contrast, Ming said, "My son is still OK, but I told him if ever he asks for independence, I will kick him out right away."

Health and Healing in China

> *In Guangzhou, the hospital that I worked in is a general hospital. We have around 2,000 to 3,000 outpatients a day. It seemed to me that Cantonese are fond of taking Chinese medicine.* -Mui

With over a 3,000 year history, Traditional Chinese Medicine (TCM) is a term which encompasses a range of healing practices that include herbalism, geomancy, acupuncture, massage and movement. The basic principle that binds these sundry practices is the notion that the body is interlinked with the external environment and must be treated as a whole (Kaptchuk 1983; Zhang 1990). Maintaining balance is in essence the meaning of good health and imbalance manifests in illness. Currently, China promotes health care pluralism[5] wherein biomedical and Traditional Chinese Medical treatments are supported as well as minority healing traditions such as Mongolian and Tibetan (Young, et al. 1993).

> *I go to a Western doctor. I trust Western doctors because herbalists do not have a license. If anything they prescribed went wrong, I cannot sue them, but for Western doctor, they are liable for what they prescribe.* -Ada

The choice of healing modalities ranged from a preference to TCM to sole use of biomedicine; some utilizing both in combination. A few women felt that the early separation from immediate family deprived them of traditional healing knowledge that they might have expected to be passed down from their mothers. Several women emphasized the importance of diet to maintain health and detailed the superiority of a Chinese diet over standard Western fare.

Menstruation

> *I remember that day, I went home after basketball. I found my pants were red and I was scared. I dared not tell my sister and grandpa – my mom was away. I sat in my room and changed my pants. My sister found it strange when she saw so many pants hanging up in my room. After my sister left the room, I*

put all my pants under my bed. My sister found out later what happened, she taught me how to use pads and phoned my mom. - *Ming*

Menarche came as a surprise to the vast majority of women. Only Lin Fong knew what to expect as she played sports with older girls in her boarding school.

I don't know if it's Chinese mothers or just my mother. I always feel that my mother was too busy to pay attention to all of us individually. She gave us food and clothes and because the finances were hard, she has a lot of worry. I seem to think that other mothers seem to share that information with their daughters, but mine didn't. -*Sarah*

Sarah may have suspected that other mothers were more forthcoming with information about menarche, but most women would concur with Mui's observation that "we seldom communicate at home." Mui's father was a physician, but from her perspective, he had neither the time nor inclination to inform his daughter about the upcoming changes to her body. Information about menstruation was gleaned primarily from books, although two women approached older sisters for information.

Anthropological research suggests that menstrual blood was traditionally regarded as polluting and powerful and may have contributed to women's solidarity (Ahern 1975; Furth and Ch'en 1992); however, there is little evidence of these beliefs amongst the participants. Menstruation was considered part of life and girls were informed about how to devise menstrual pads, but little about the meaning, physiological or personal, of menstruation. Girls were, however, advised to avoid eating cold foods, to refrain from intensive exercise and to forgo washing their hair—not everyone complied.

Some women experienced dysmenorrhea, sore breasts or other undefined discomfort. Bi Yun, a gynecologist, prescribed Tang Gui Pin (*Angelica Sinensis*) for cramps. When her daughters suffer from menstrual cramps, May prepares a soup with Dong Guai, black plums and eggs for her daughters as her mothers made for her. Other women relied on biomedical forms of menstrual pain relief.

Pregnancy and Childbirth

When I had my first baby, my mother insisted on getting a wet nurse to take care of my baby. . . My mother sent her wet nurse to my home. She worked there one day and I sent her away.

My mother kept sending another one to me. . . . My mother never nursed babies before, she therefore made the assumption that I did not know how to nurse a baby, too. -Shui Yee

Mothers-in-law generally provided information on childbirth; although in some instances, women recognized that wealthy women in their parents' generation knew little about childcare as wet nurses and maids provided all of the necessary assistance. Pre- and postnatal behaviour were carefully proscribed: pregnant women were to avoid heavy lifting, hammering, painting or eating a variety of foods such as watermelon, bananas, mutton or shrimp. Women were encouraged to eat nutritious foods such as chicken or meat soups and to eat ginseng and ginger—two items which are now believed to be deleterious in childbirth. Following childbirth, women were expected to lie-in for 30 days during which time they were to avoid cold foods or washing or brushing teeth with anything other than small amounts of boiled water. Some women rejected these customs, taking up activities soon after birth or showering when they chose. Lin Fong discussed the customs with her mother on a visit to Vietnam:

My mother told me all the things when she has a baby. First month, she all the time sleep in. "How can you stay in for one month?" "Why not? I don't need to work!" She told me, "In the old time custom the daughter-in-law works hard since early morning 'til the night, but when they have a baby, this month she is like a queen. Everybody serve her. Why not?" Oh yeah, it's a really good reason. Have a one month's vacation in bed, in the bedroom, not allowed to go out.

As a mother-in-law, she does not try to influence her daughter to adhere to dietary customs.

Even my daughter-in-law, her mother advise her . . . don't touch the shrimp. All those things like that. Then after her mother is not in, she eat everything. We just take (sic) a joke, "Your mother remind you not to take this!" And she's just smiling. -Lin Fong

Childbirth was also a time that linked them to other women and to the pain their mothers endured

All night I dreamed about my mother. . . I dreamed about how hard it was to give birth to eleven. -Sarah

Menopause

Most women think that when menstruation stops, they are free and better. I did not come across women who think they are old when they underwent menopause. -Mui

In Chinese, the terms for menopause differ according to popular use, TCM and biomedical definition. While popular terms refer to cessation of menses or change of life, the biomedical definition incorporates the notion of a menopausal syndrome that is comprised of hot flashes, irregular heartbeat, sweating, depression and change in temperament. From the Traditional Chinese Medical point of view, menopause is an imbalance that is linked to aging and can be corrected; indeed the body is believed to rejuvenate after menopause. Mui, a physician trained in biomedicine and TCM, found that most women in Guangzhou sought relief from TCM remedies rather than availing themselves of hormone replacement therapy (HRT).

Women themselves cited a variety of symptoms that were associated with menopause including hot flashes, heavy bleeding, changes in temperament and lability, sweating, insomnia, body aches, increased tiredness, decreased libido and vaginal dryness. Bi Yun relates this story of her perimenopause:

Each month, right before menstruation, I often lost my temper and went for a haircut. My daughter was little at that time, but she noticed the monthly change in my temperament. She associated my hair cut with bad temperament!

Women felt that menopause was a normal part of life, a time when they were free from the hassles of menstruation with monthly painful episodes and the need to carry feminine hygiene products.[6] Only one woman associated menopause with old age. Women talked about menopause freely with their peers, sought out information and received support from their spouses. Psychological preparation and good health were key to experiencing an untraumatic passage to postmenopause. Three of the women experienced surgical menopause, remarking that many of their peers had also undergone hysterectomies.

For many, however, the symptoms of menopause were conflated with experiences of trauma or stress. Ding could not distinguish the stress she experienced while waiting to emigrate to Canada from her menopausal symptoms. The onset of menopause for May is linked with the death of her beloved mother. Following the death of Lai Ming's child from diphtheria, all of her other children developed the disease. From that time on, she developed symptoms of a nervous disorder and has been treated with tranquilizers in Macau and anti-depressants in Canada:

> *I could not distinguish whether it was menopause or I was too concerned and nervous about anything. Therefore, when I lost my temper, they would say I had menopause. When I experienced hot flashes, I went to the doctor. The doctor confirmed that I was having menopause.*

Bi Yun explains how her symptoms commenced with her political troubles.

> *I considered myself going through menopause earlier than the average woman. I think I started around 38. At that time, it was during the Cultural Revolution, because I had family overseas, I was condemned. I could not sleep well and I was sent to work camps. My co-workers gave me names and made big character posters against me – they despised me. I was very depressed at work. I controlled my temper at work, but when I returned home from work, I let it all on to my children. From then onward, I was suffering from insomnia, experienced night sweating, irregular heart beat. At first, I thought I had a heart problem. I wasn't sure all these symptoms were related to menopause because at the time I was going through political condemnation. These symptoms intensified after 45. Moreover, during that time, I often feel like crying and I was always in tears.*

According to Anagnost (1989:321): ". . . postmenopausal women, especially if their status in the family has been elevated to that of mother-in-law, often experienced a marked personality change in mid-life from a quiet and reserved manner to one that was more assertive and outgoing. The cessation of menses corresponded to a change in women's position within the authority structure of the family from a subordinate position to one where she could assert authority over others (as in mother-in-law)." Others suggest that the rising status of

postmenopausal women is coincidental and is rather associated with aging (Ahern 1975). The process of migration has dismantled some of these opportunities as children are dispersed in different locations and women recognize their diminished authority over daughters-in-law in this new environment. Moreover, many of the activities that provide meaning in the lives of maturing women are absent in Canada.

Attitudes Towards Aging

> *In China, the living environment is more suitable to the elderly [retired] people. Like myself, in China, I got up around 5 in the morning, did some T'ai Chi exercise, then I mingled with friends. We either went for singing or dancing. Life was very happy. In Canada, I am alone, I don't have friends, always stay at home doing nothing as if I was in jail.* -Bi Yun

Postmenopause is a time for taking part in activities that signal a second youth that is associated with retirement. Urban, educated women will study brush painting, calligraphy or T'ai Chi and spend time socializing with friends. Women in rural areas are still engaged in labour and child care roles and are unable to avail themselves of this period of rejuvenation. Urban workers can retire at age 55; however, some continue to be consulted by their work units or obtain other work. In Canada, senior women have difficulty extending their careers. Many are unable to partake in courses because of the cost; this results in an overwhelming sense of emptiness and frustration.

The 50s is also a time when the body starts aging, whereas one is considered in their peak period in the 40s. Women note that notions of age categories are changing and that 70s were once considered old age, yet the liveliness of large numbers of Chinese in their 70s belies this label and now 90s are considered truly old. Age as well is a function of how one feels and many women feel vital and strong.

> *To date, I don't feel that I am old. The first time when people greeted me as "granny," I did feel uncomfortable and I couldn't admit it. But as time goes by, when little ones greeted me as "granny," I had to admit it. But when I am alone, I still feel young and act like a child, I can do whatever I want.*
>
> *-Lai Ming*

Interestingly, some women noted that their children's' ideas about age were more conservative than their own. Hence, daughters would admonish their mothers for wearing bright clothes or jewelry that was deemed too youthful, reminding them to "act grown up."

Aging can also forge a power shift within the household one which has inverted the anticipated rise in status at home. Cora is gleeful that at her age her dominant mother-in-law no longer holds much sway: "She's getting older and older, so she can't do anything or give any order to us." Some women who might have anticipated a peaceful old age, find that in reflecting back, this ideal has been shattered.

> *When I get old, I look forward to have a smooth, calm and peaceful life. Nothing drastic. That's my ideal. I am not peaceful now because my daughter-in-law wants to go back to ----. My son feels troublesome because of her, this makes everybody in the household very unhappy. . . . Life is hard for everyone. I had a simple life, a good life before I got married and then I got trouble. I think life is hard for everyone, My father took good care of us, but I don't think he knows what is life.. I think I don't know what is life. I expected peace at this age, now I see only trouble ahead.* -Lai Ming

The women who had arrived earliest were well aware that children cannot be expected to take care of their parents in Canada as they might have anticipated back home.

> *Me and my husband are preparing for the Western style when the kids get older. After get married and move out of the house, pretty soon just two of us. I don't know. My son keeps telling me, "Mom, don't worry, I'll be around for a long time. But I still think, just say that, but the time he find a girlfriend, get married, it's different thinking. So we just try to keep working and having our own social life. . . . In Chinese culture, older people live with the children, especially live with son. Seems we've been in here for so long, we understand it won't be like that.* -May

Ideal Self

> *Nowadays the ideal lifestyle is husband and wife living together with kids visiting regularly. Go traveling, visit friends and relatives, learn new hobbies, participate in activities such as dancing, sports or exercise. This is the ideal situation for*

one group. Another group of people would prefer baby-sitting grandchildren, busy with housework and visiting relatives.

-Bi Yun

This phase in a woman's life is considered a time for cultivating one's own interests whether in fine arts or crafts, learning languages or a musical instrument, writing, reading, volunteering or traveling. For some, it is also a time to enjoy grandchildren; for others, a time to extend careers and continue to contribute to the community in specific or the society at large.

Life Story: Ding

I was born in Hong Kong in 1939. When my father lost his job, life was hard. My uncle didn't have any kids, so he told my father that he would shoulder his burden; therefore, two of us went to Shanghai in 1948 and lived with him. China was liberated in 1949, since then China's connection with Hong Kong was suspended and I wasn't able to return. In 1962, however, my sister applied through immigration to return to Hong Kong; I was the only one who stayed behind.

I was 13 when I first got my period. I was so scared and didn't know what to do. I kept changing and washing my pants. In Shanghai, within a house, there might be lots of tenants, so neighbours were very close to each other. My neighbour was wondering why I was in and out of the washroom and busy washing pants? She asked me what had happened. I told her that I was bleeding but felt no pain. She went to talk to my aunt who was not as observant as she was. The neighbour said "Ding is grown up now you have to brief her on those things." My aunt showed me how to use feminine napkins. At that time there was no ready made feminine napkins, you have to make your own. You use a special kind of absorbent paper and fold it into long strips; each end of the paper strip is then tied to an elastic waist belt to secure it in position. My aunt didn't have much health knowledge so I read books to find out more about it. I was told to stay away from cold treats, such as ice cream and popsicles and to avoid strenuous exercise. I didn't believe in all that and I did somersaults all the time!

After I finished high school, I worked in a chemical factory as a welder. I was assigned to repair all the machinery using gas welding. I started there at the age of 19 and retired at 52. In China, under the Communist system, men and women are the same; trades or jobs that are considered for males, such as being a pilot, train driver, bus driver or welder, also have women. Women are hired for all kinds of jobs, they advocate equal work for equal pay for both sexes.

I came to know my husband through his godmother. The godmother was my neighbour who was familiar with my aunt and uncle. I didn't know my husband was her godson. She witnessed the two of us growing up and thought we would make a pretty pair, so she suggested to my aunt to have me introduced to him. He was born in Guangdong, but his parents died when he was little. He had a distant relative who worked in a big restaurant in Shanghai and he got a job as a busboy. After liberation, the restaurant closed down and he was able to change career and became a machinist. Here, he is working in home care as a home support aid for Chinese seniors.

I wasn't as lucky as other married couples. I was in Shanghai away from my parents and my husband's parents passed away when he was young. My husband's godmother treated us like her children. When I had my first child, she helped me throughout and helped me prepare for the newborn. By that time, my aunt went to Hong Kong and my uncle had already passed away. When I was resting for the full month, she took care of me. Since this was my first baby, I didn't have any experience in caring babies, so she taught me. The godmother advised me to eat nutritious food such as eggs and fresh food. I was pregnant in 1963, three years after the natural catastrophe in China. The economy had not yet recovered so everything was very expensive. Eggs cost 50 cents a piece and my monthly wages were only $32. You could hardly see fresh fruit on sale in the market. At that time, China already opened up and free markets were active. Farmers were allowed to sell some of their produce in the free market, so the godmother got eggs and fruit from them, and of course, she paid a lot.

Childbirth was natural, but I was scared. My godmother prepared me, but that was theoretical knowledge. I was quite lucky that everything was smooth

and fast. I moved around a lot during pregnancy. I went to the hospital at 11 p.m. on Sunday and the child was born at 4 a.m. I worked until the very last. The overall maternity leave was 56 days, you can either take it before or after maternity. But most people took it after childbirth so that they could take care of the baby. My son was born a week earlier than the confinement date. According to the Chinese customs in Shanghai, after the childbirth, you are not allowed to take bath or shampoo for one whole month. They said you might catch cold by doing so. My son was born in July, one of the hottest months in Shanghai. It was really unbearable, I cheated few times and had a sponge bath. They said you should not be in contact with cold water. You have to use boiled water to brush your teeth. First you boil the water, then you let it cool down and use it.

My work place was very faraway from home so I stayed there and came home once a week. After maternity leave, I took my son to work because the factory had a daycare. I brought him to work until he was nine months old, then my husband's godmother took care of him till he was nine years old. I had my second child eight years later. At that time, the godmother had a stroke and was not able to help me. So I didn't follow what I did as my first born. My daughter was born in December; it's very cold in Shanghai and we didn't have a heating system in the house. We had showers in the factory, but not at home so I could not take a shower. Moreover, I was on maternity leave and during first month after childbirth I stayed indoors, so sponge bath were quite OK. Without the godmother's supervision, I ate anything, but I took her advice to stay away from cold and raw food and to eat small but frequent meals. After birth, because of the changes in the body, if you eat in that manner, the body can absorb it more easily. For my first born, I stayed in the hospital for seven days; for the second one, the hospital only allowed you to stay three to four days. I remember the godmother would restrict me from eating anything that was made of green beans, but in the hospital they served snacks or soup that are made of green beans; they don't care as long as it is nutritious. Among all these Chinese customs regarding childbirth, I find one I would adhere to is to avoid going outdoor in the first month following childbirth. The body is weakened after childbirth and if you

went out and catch cold, it might affect you health when you get older, such as headaches.

By the time my daughter was born, my son was at school. At that time, I was transferred to another work place, not in the suburban area anymore. My daughter's health was not as good as my son's. After maternity leave, I intended to take her with me to work, but she often had stomach problems and she was very skinny. I felt bad leaving her in a daycare, so I let her stay with a neighbour who was a baby-sitter. My husband worked closer to our home, he would drop her off at the baby-sitter on his way and pick her after work. I took care of my daughter in the evenings.

In China, when husband and wife are both working, they have to share the responsibilities. Husbands can help by dropping off or picking up the kids, getting groceries, looking after kids while the wife is cooking. During my time, fridges were non-existent in China. You could not stock up on meat, fish or vegetables; you have to do shopping every day. Refrigerators became popular only after the 1980's. Nowadays, life is a bit easy, we have washing machines and refrigerators. With a fridge, we can do grocery shopping twice a week and may stock up meat, fish, fruits and some vegies.

I retired two years prior to the requirement. China started to reform, every place was undergoing restructuring or downsizing to maximize resources and cut costs. For example, a position that employed five people, may only need three. What they do is to have no replacement after people retire or encourage people to take early retirement. Instead of having people tell me to leave, I went voluntarily.

Moreover, at that time I had already applied to come to Canada. There was lots of paper work to get done so from time to time I had to take time off to process these papers. The government offices were very bureaucratic and inefficient, sometimes it took days, going back and forth and you might not get one thing done. It was very frustrating! If I was working, I wouldn't be able to get things done. I took a chance to retire earlier so that I could spend time to process my immigration papers.

I had been working for so long, every day was routine. After retirement, I didn't have routine anymore. I felt lost. My children were grown up and I didn't have much housework to do. I felt useless. The kinds of feeling are common among the retired. Processing immigration papers only occupied a small part of my daily life, so I began to participate in T'ai Chi and fitness classes. After the exercise class in the morning, I would go grocery shopping. Then, if there is time left, I would do some housework or knit. I still found I had too much time. So I found another job as a lift operator. In China, most of the lifts are outdated, unlike the modern ones, they easily break down if misused by passengers, therefore, they have to hire lift operators to be responsible for pushing the buttons.

I came to Edmonton in 1993; I have three siblings in Canada—four are still in Hong Kong. When I first came I was not used to the life here. I found it insecure. There is no job security. In China, even though the income is low, work was assigned to you after completing school. No job search is required and the job assigned is basically your lifetime work. The system is very rigid, that's why some people are not happy, if you don't like it, you cannot quit or change, no other work unit will take you. Now, it is changing, if your job is no good or you don't like the environment, you can change provided there is a demand of such job in other work unit. Here, I had no Canadian experience and was not familiar with the environment. Here, we have to market ourselves. This was a big change for me, I could not handle it. Plus the recent Canadian economy is bad, the labour market is so tight, employers wouldn't hire me even if there are openings because I have no Canadian experience. I felt lost, useless and inferior.

My siblings are very helpful, they comfort me by saying that all new immigrants need an adjustment period. "It takes time, don't pressure yourself." They also helped me to look for jobs. I found my first job from the Chinese newspaper. I baby-sat a newborn for eight months. Both father and mother of the newborn were working. They wanted their child to learn their own language so they needed someone who spoke Cantonese and Mandarin. I was their ideal person, so they hired me.

I have had three jobs. One job is baby-sitting, one is cleaning and one is at a noodle factory. I am a live-in nanny for six days and return home on Sundays. I wasn't use to baby-sitting at first because my children are grown up and I have to start all over again. There is also difference in raising kids. First is the food. In China, when the baby is around four months old, we will feed them with egg yolk, but here you can only feed them egg yolk after one year old and here we feed them with different food when compare to China. During my generation, if kids do not behave, we can spank them, but here physical punishment is not allowed. When the baby started to move around or walk, you have to watch them closely, or else they might fall and hurt themselves; how will you accountable for such injury? Baby-sitting is very stressful because of the heavy responsibilities. I need the job but pressure is great, too.

In my present job, I have my own room and I don't have to attend to the baby at night. For meals, I eat with my employer's family. One thing I feel good about Canada is there is no class discrimination, regardless of your job, high or low, you can enjoy things as everybody. Even if you are not rich you still can dine at a five star hotel. You make your own living from whatever source, whether be it a janitor or other low paid job, you can stand tall. In this aspect, it is far more better than in China.

China's living condition is beyond compare with Canada. Canada is excellent. You may not believe this, but in China, there may be three generations living together in a small area around 18 square metres. I witnessed five couples living in a small area. An old couple with four married children living together. Between beds there were fabric partitions and the old couple slept on the floor. Another family, their dwelling area was so small that they have to cook on a stove which was placed on top of the toilet seat. The average living and hygiene condition are poor in China. My living condition is considered as middle class with two bedrooms, one living room and a separate washroom and kitchen. In Canada, I am living in a townhouse which is considered to be very modest, but if in Shanghai, even high officials could not have such a living space!

My son moved out last January. He got married last June and his wife is from Shanghai. For convenience they moved to an another apartment. Now my daughter is staying with us, this year after she gets married she will move out, then it would be only my husband and myself in this house. Married couples are more independent in Canada with regards to raising children. In China, married couples rely too much on parents and in-laws to help out in raising children. In Canada, most families are nuclear family, every one is so used to solving problems by themselves, raising children is part of the couple's responsibilities, they might either put them in day cares or have someone to baby-sit, instead of relying on parents or in-laws. We, especially those from China should learn from the Canadians.

My periods stopped when I came to Canada in 1993. When I was still in Shanghai, I felt very uncomfortable. I had anxiety attacks, I was frightened for no reason; I was grumpy, short tempered and I had irregular heart beats as if something unusual would happen. Sometimes I felt cold and sometimes hot. I didn't know what it was at the start, I went to see the doctor, and the doctor told me those were the symptoms of menopause. The doctor didn't say much else. The doctors in China are not as good as before, their work ethic seems to be declining. They set their mind on the money and won't pay much attention to patients unless your life is in danger. Moreover, I know menopause is going to take awhile, I was mentally prepared for it, so the whole process was very smooth. My periods stopped for awhile and started again.

I talked to friends, but I didn't have much feeling about it. I find it is not that important in life, I didn't pay much attention to it. This is part of life, when it stops, it stops. I think every one is different. It also depend on your health condition. I came across people whose condition was very serious as if they are having serious sickness. Some even have the personality changed, from patient to impatient, happy to depressed. It depends on individual's health, if you have poor health, it lasts longer. For myself, it lasted for less a year. It was intensive in the start few months and faded away close to the end.

The doctor didn't prescribe any medicine. My friends advised me to take a certain kind instant Chinese medicine, I forgot the name, it is similar to "chicken essence" that you can get at the store. In my opinion, during menopause, food won't help that much. The environment is the key factor, you have to prepare yourself psychologically. Besides, mentally prepared yourself, make effort to keep yourself busy. If you are already retired, occupy yourself by visiting friends; do something you like but didn't have time in the past; cultivate your cultural life, participate in exercise classes. Having a supportive husband is also good. Still, I feel I am getting old. With people that I am in contact, most of them share my feeling that end of menstruation is the standard of "old".

I think men also have menopause. Take my husband as an example, he used to be good tempered, but around his 50-60's, he became very grumpy, I have to give in from time to time. The temperament of the two of us switched. I am not sure whether his grumpiness is due to do the menopause or his high blood pressure.

I have spent almost four years in Canada. I have started to adapt myself to the life here and I think I am in love with it. China is so different from Canada, there is age limitation for so many things especially education, but in Canada there is no restriction. I think someday when I retire, I will do something that I like, such as taking English classes, volunteering, knitting and reading books – the libraries here are huge! I don't have to confine to taking care of grandchildren or household chaos.

Migrating here has broadened my scope of knowledge and insight. I lived in Shanghai for 40 years. Life was monotonous. I finished high school, a job was assigned, I received wages. Everyday was as routine as a clock, nothing exciting and no challenges. When I came to Canada, the environment was totally different and I was faced with challenges, looking for jobs, making a living and making new friends. In China, you do not have to worry about all these, your living is somewhat guaranteed. Here, you are on you own, you have to look for work, make a living, especially in our culture, we don't like to rely on social assistance, we strive no matter what. In China, though the concept is changing, some people

still look forward to relying on their kids during old age, but in Canada, this is out of question. You have to plan for your old age, you cannot rely on your children, it's not they don't want to and sometimes they cannot afford it. My husband and I have decided that we will work until we retire. Canada is an advanced country, though we have to pay health care, we can enjoy the medical benefits. When we retire, we can have a pension and old age benefits. Canada is a democratic country with freedom; everyone is able to do things they like.

All immigrants encounter difficulties of any kind in adapting to the new country, sometimes, it takes a longer period, depending on the individual. No one has a smooth life—it may not be good if life is too smooth. When you leave your homeland to settle in a new place, you leave behind all your friends and relatives. Here, you have to make new friends and cope with a language barrier. Emigration with the whole family is ideal, because if you are unhappy, you get comfort, support and encouragement from your family members. If you are alone and away from home, if you are stuck, problems are bound to arise.

In my opinion, the most important thing in life is the values in your own self, your confidence. Don't belittle yourself, no matter how small your contribution to the society will be, be proud of it.

Theme Analysis

The thematic analysis of the Chinese interviews has rendered two major categories: "being Chinese" and "a maturing woman." The subthemes included in the first category all centre on values and relations that underpin an identity that contrasts with the dominant culture and contribute to a sense of being Chinese. A maturing woman incorporates subthemes that describe the progress from perimenopause to old age.

Table 3: Theme Analysis of Chinese Interviews

Being Chinese		
For the Family	Work is what gives you Meaning	Truly Transnational
A Maturing Woman		
Menopause: Freedom from Menses or Embodiment of Trauma?	Wishes for a Second Youth	Towards a Happy Old Age

Being Chinese

For the Family

> *I never thought of being emigrated (sic) and living in Canada and being able to reunite with my family, Never thought of my children being able to study and stay behind. The world is changing!* -Bi Yun

Ideal, and often imagined, the multi-generational family is pivotal in the lives of these women. Familial bonds are also drawn upon despite long absences and even complete lack of familiarity. Whether struggling to sponsor siblings, parents or step-siblings or choosing to migrate for the benefit of their offspring, familial relations are central to their on-going life choices. For example, one woman chose to marry a Canadian because it would, in the long run, allow her to support family members in a more comfortable fashion. Decisions to remain in Canada for some are poised between the desire for a meaningful existence in China and the desire to be supportive to adult children in Canada. For some, such as Ding's family, the efforts to sponsor and reunite with family members has been a tremendously rewarding endeavour.

Women's reproductive and productive roles are intrinsic to the maintenance of the family. The elaborated prescriptions for pre- and post-natal care attest to

the importance of assuring the best health and well-being of mother and offspring. In terms of productive roles, several of the older women laboured in family businesses, some provided financial assistance to other family members while some engaged in unwaged labour caring for elderly in-laws. Parents also felt an obligation to contribute to the welfare of their adult children by providing childcare for their grandchildren. These obligations were contrasted with the normative Canadian nuclear or single-parent families which were viewed at times with disdain or with some envy.

Work is What Gives You Meaning

Work is most meaningful and rewarding in life. -Mui

Potter and Potter (1990) propose that demonstrations of industriousness validate human relationships in Chinese society, taking precedence over expressions of love and intimacy. While family remains a central focus of these women's lives, work serves as a tremendous source of personal and social meaning for all but one woman. Although financial remuneration was of obvious benefit, the ability to contribute to society through labour, waged or unwaged, is of utmost importance. The paucity of opportunities in Canada for the women who immigrated in the past seven years is crucial to their sense of dissatisfaction with their lives in Canada and their plummeting sense of self-worth.

> *The only time I've taken off is when I've had my children. I've taken four months off with each baby. I worked non-stop. I guess if you have that experience when you can't get a job, you don't let things pass you by easily. . . . I can't let go now.*
>
> -Sarah

Given the high level of achievement their children have attained, the values of hard work, education and labour have obviously been inculcated in the next generation. In the effort to support the achievements of their children and their husbands, however, some women have terminated or limited their careers. For instance, Mui followed her husband to Canada where he had secured employment, causing her to give up her practice as a physician. Lin Fong gave up her career as a nursing professor when she moved to Indonesia.

> *I have nothing to do because I just have a working permit for my husband, but not for me. So most of my friends in Indonesia, they don't work outside. Just arrange the house and community activity.*

Some women such as Ding have found meaning in different work in Canada; while Sarah expanded her educational and professional activities once her children became more independent; however, employment opportunities remain elusive for many of the older recent immigrants.

Truly Transnational

> *My grandparents lived in Saigon, Vietnam and my father was sent to Guangzhou to school and married with my mother. I was born in Guangzhou. But two or three months, they went back to Saigon and the war started. Then my grandfather would not allow them to go back to China. That's why we stay in Vietnam. After high school, I went to Taiwan to university.*
>
> *-Lin Fong*

> *My eldest son went to Switzerland for ten years and got a Ph.D. in language. Now, he is teaching German in Taiwan. The second boy is an engineer . . . he has been in the States for 20 years. . . Third daughter is here. . . she works for the Provincial government.*
>
> *-Shui Yee*

All of the women maintain ties with relations that cross numerous national boundaries; visiting different regions where familial interests are still alive, whenever possible, and even living in various countries over time to maintain family ties. From China, Hong Kong, Taiwan and the Philippines to the United States, Canada and Germany, families remain scattered as members endeavour to find employment or educational opportunities in a global economy. For many, this diaspora is not unfamiliar, but a redistribution of the pattern set by parents and grandparents which once left most members centred in China or Hong Kong, while they laboured in North America or other parts of Southeast Asia. Now these families are based in Canada, yet children disperse to other regions, sometimes leaving grandchildren behind while they work where their credentials are more readily recognized.

Menopause: Freedom from Menses or Embodiment of Trauma?

> *I don't have to do it every month, get the pain every month. I can go to swim or go anywhere and I don't think about that or worry about that.* -Cora

The concept of menopause is bi-valently inscribed. Described as freedom from menstruation on one hand, menopausal symptoms were also associated with a host of traumas ranging from political persecution to stress and grief. What is perhaps so striking is the acknowledgment that the embodiment of private suffering can be articulated in the expression of menopausal symptoms. Even for the biomedical physician, Bi Yun, no effort was made to disentangle her reaction to her political misfortunes with the onset of symptoms; instead they are unified from her perspective as they are in the narratives of others who experienced other traumatic experiences. The key to these observations lies in Traditional Chinese Medical beliefs that disallow a separation between mind and body.[7]

The plurality of healing systems in China and in Chinese communities throughout the world allows for a fluid concept of menopause as a biomedically-defined syndrome or an imbalance. Treatment for symptoms also ranges from herbal preparations to the consideration of HRT. Whether predominantly influenced by a biomedical or TCM perspective, women felt that a positive attitude and psychological preparation could influence their experiences and ease the transition. Many focused on the release they felt from painful menstrual periods. Conferring with friends, making oneself more knowledgeable through reading and the support of partners were also cited as important in facilitating an uneventful menopausal transition.

> *For our generation, we are better off because we are knowledgeable. We know how to get help or take rest to ease off the uncomfortable feeling and most of the husbands are understanding, too. But in my mother's generation, life was hard and most women didn't have the knowledge. They tolerate all those discomfort, hoping some day they will go away.* -Bi Yun

Wishes for a Second Youth

> *In China, most people find they have a second youth after menopause, full of energy, but after 65, the youthful feeling will slow down.* -Bi Yun

In the parlance of TCM, menopause is represented by an imbalance which can result in the rejuvenation of the body; this postmenopausal rejuvenation can also be reflected in social life. Wishes for a second youth conflates the period of postmenopause with retirement and freedom from childcare. A time to engage in self-directed activities, enjoy one's spouse and friends, this second youth is also a time for urban women to engage in classical Chinese arts such as painting, calligraphy and activities such as T'ai Chi. This time of second youth commences in one's 50s—a time when the aging process is beginning, but has not yet led to debilitation.

The dreams of a second youth are primarily the domain of recent immigrant women who may feel severed from the possibilities of a rich social life. Loss of cohorts, the paucity and cost of activities, familial obligations and difficulties in transportation have shattered some of these aspirations for an enriched postmenopausal period. Others, such as Ding, see possibilities for further education, volunteer activities and language training as means of keeping active and creating meaning in Canada.

Towards a Happy Old Age

> *I'd like to play . . . Chinese music. . . I want to try. I want to learn. Just one song is enough. So I can do whatever I want. I like to make crafts. I have many (sic) time to make craft and give it to people who say it's pretty, as presents for myself and others. I always talk to my little girl, when I get old, I would (sic) be very happy.* -Cora

An ideal old age may mean a time of respect, a time to be cared for by children, a time of peace, yet this ideal is seldom realized. While common Western convention asserts that the Chinese elderly are revered, attitudes towards aging and the aged are far more complex. In China, the aged are both repositories for heroic stories of hardships prior to Liberation; however, they are

also viewed as conservative and as bearers of backwards traditions (Davis-Friedmann 1991). Some of the women view aging with great ambivalence as well. Being old is related to functionality, thus succumbing to illness, losing dexterity or memory contribute to one's sense of being old. Moreover, in China, work life may extend beyond retirement pushing back the borders of old age while expanding the period of socially-recognized usefulness.

Aging in Canada presents pitfalls and opportunities to inhabiting a happy old age. Mature recent immigrants are deprived of work and may be confined to households where they must contend with household activities, such as cooking, which were generally supplied through collective services and learning to live permanently with spouses from whom they had periodically separated. Some women living with their children have come into conflict with changing values often with regards to the raising of their grandchildren. Others find they must adjust their expectations to the changing circumstance of the children.

> *I have no choice. I am waiting for my children to have children. Besides, they don't want me, everyday is different. If they don't have a job, they look after their children by themselves, don't need me. If they are busy, they may need me, then I go. . . I don't know tomorrow what will happen. -Ada*

Although tension between mothers-in-law and daughters-in-law is not unknown on Chinese soil, in Canada, the mother-in-law may be isolated linguistically and socially, making her feel particularly embattled. Aging parents may inevitably become dependent upon their children and their spouses for care, making them vulnerable in the absence of other extended family members in the immediate vicinity. Conversely, the decline of aging parents means the ascendancy of other maturing women in the household; a situation which Cora for one relishes following years of a hostile relationship with her mother-in-law.

Still, aging in Canada produces many possibilities for which most of the earlier immigrants, and a few of the newer ones, are prepared. Travel, reading, taking up hobbies, volunteer work and further education all provide for new ways of enjoying one's maturing years. As Ada said: "I am thinking I [will] go

around the world, travel. Don't stay at home all the time, look around the world. . . . I don't have money to travel, so I go to school!"

> *When I do retire, I envision myself in a place that is full of bookcases. I'd like to be able to write some books about health education in the Chinese language. You see, I read a lot and with my experience, I might be able to contribute something to that. And then to bake apple pie and crochet.* -Sarah

Conclusion

The Chinese women in this study are part of a movement of peoples from China and Southeast Asia who have transcended national borders in search of employment and education. Some families have relinquished ancestral homes in Asia to reestablish themselves in North America, returning for reunions with distant relatives or work opportunities. Notably, centripedal families are not a recent phenomenon, but one which is familiar to all of the women. Yet, efforts to centre families in one area have been a primary concern and drive attempts to earn money to support familial emigration to Canada or support distant siblings or their children through postsecondary education. Actions, perhaps more often than verbal expression, connote intimacy and demonstrate the importance of these relations.

Likewise, the distress endured through public or private suffering may be verbally unexpressed, but is instead suffused through the body resulting in somatic complaints of potentially multiple etiologies. Thus personal stress, political condemnation and grief that is concomitant with the transition from reproductive to non-reproductive status are integrated in each woman and can possibly be expressed through symptomatology. While among the Chilean women, some of the distress experienced at menopause relates to a loss of reproductive function, the Chinese women articulated origins of distress that were more diffuse. Women may resist increased discomfort through psychological preparation, sharing their experiences with others and taking the time to rest or learn more about treatments and care.

Postmenopause, especially the ages of 50s to early 60s, was conceived as a time of second youth. A period of self-discovery, taking paths that had been obstructed when engaged in employment or childrearing, the postmenopausal years were viewed with anticipation; however, in Canada, the possibilities that these times present have shifted. The ideal selves portrayed by these women invoke two visions: one of the productive, gregarious educated urbanite and the other of the family woman caring for grandchildren and visiting relatives. In both cases, these ideals must be realigned in the Canadian environment.

Women who have immigrated in their early adult years have adapted their expectations while more recent immigrants either remain disappointed at the employment losses they have incurred or clamour for meaning in their new environment as Ding does when she looks forward to studying. Those who hoped to fill these years with meaningful childcare may also be disillusioned with changing values and expectations or isolated and left with huge responsibilities for which they have little support.

Political and economic forces have promoted Chinese migration from Asia culminating in the recent increased migration to Canada. In this process, women have endured changes in family and household structure, wage-earning activities and repercussions from their familial standing. These pressures can be articulated in the form of menopausal complaints. Furthermore, migration has shattered the dream of a second youth or happy old age for some, providing further evidence that women's experience of menopause or maturation cannot be disentangled from the broader context which situates their lives.

Endnotes

[1] See Appendix 5 for biographical profiles and demographic information on Chinese participants.

[2] Currently, female infanticide is still considered a problem in rural areas and appears to be on the rise in certain areas. In some parts of China the female to male infant ratio is 1:5 (Croll 1994).

[3] In the People's Republic of China, the institution of the family was undermined through the elimination of private property and ancestor worship and the introduction of social service; however, under current reforms and decollectivization, social service programs

have deteriorated and where possible, lineages are resuming traditional responsibilities for care of their members (Davis and Harrell 1993).

[4] Most interviews took place in Cantonese or a combination of Cantonese, English or Mandarin. Lin Fong's interview was most freewheeling; sometimes incorporating two or three languages in one sentence!

[5] Agren (1976) suggests that support for a pluralistic system was forged during the Long March when urban intellectuals who used biomedicine were in close contact with peasants who relied on TCM.

[6] These results concur with Chang's (1995) findings in Taiwan. Menopause was overwhelmingly viewed as a natural process, associated with freedom, but also one in which various symptoms could also occur. Over 50% of the women in her study anticipated problems and over 34% associated menopause with old age.

[7] There is a host of work (c.f. Kleinman 1980) which suggests that this unification of mind and body leads to somaticization of psychological distress. I reject this claim on two counts: firstly, the assessment of somaticization reflects Western biomedicine's tendency to psychologize and disregards its own scientifically-grounded research that mind and body are inextricably linked e.g. through placebo effects, stress. Secondly, the participants were not attributing their somatic experiences to solely physiological origins, but were themselves viewing them as grounded in both internal and external causes.

Chapter 7

MIGRATION AND MENOPAUSE

> *His eyes are staring, his mouth is open, his wings are spread. This is how one pictures the angel of history. His face is turned toward the past. Where we perceive a chain of events, he sees one single catastrophe which keeps piling wreckage upon wreckage and hurls it in front of his feet. The angel would like to stay, awaken the dead, and make whole what has been smashed. But a storm is blowing from Paradise; it has caught in its wings with such violence that the angel can no longer close them. This storm irresistibly propels him into the future to which his back is turned, while the pile of debris before him grows skyward. This storm is what we call progress.*
>
> *Walter Benjamin 1968: 257-258.*

Benjamin penned these words in 1940; a time when the tide of fascism was washing over Europe. As a German Jew, Benjamin was cast about both in Germany and in France where he was to settle, his life subject to forces far greater than an individual could grasp. In the same essay, "Theses on the Philosophy of History", he writes (1968:257): "The tradition of the oppressed teaches us that the 'state of emergency' in which we live is not the exception but the rule. We must attain to a conception of history that is in keeping with this insight. Then we shall clearly realize that it is our task to bring about a real state of emergency. . ." In the half century since its publication, the state of emergency has persisted in the guises of state violence, the oppressive demands of the globalized workplace and the mass movements of peoples who flee between one or the other, like Benjamin's angel, powerless to avoid the maelstrom that envelopes them. The emergency sirens have sounded so loudly by the end of the 20th century that they have blended into the cacophony of the urban landscape; occasionally rising as a story pitched on the nightly news broadcasts, soon to fade as the next disaster takes precedence.

In our midst, we have the survivors of many of these storms, people who have witnessed the horrors of history and who have landed in Canada seeking refuge or a chance to earn a living or a place to age in the security of family. One

goal of this research is to amplify the voices of women survivors, women who have cast their eyes on the growing detritus of historical events and are now settling in a new country. Unlike the angel of history, however, many of these women are turning to face the future in this new world where they confront opportunities and challenges; a new world where many have made decisions to create and re-create new meanings for themselves as they age.

Immigration and the Menopausal Body

To understand the phenomenon of menopause from women's perspectives is to engage domains of meaning that far exceed the boundaries set by biomedical explanation. Freedom from menstruation, a time for self-reflection, changing relations, aging and employment opportunities are merely a few of the sentiments and behaviours that are integrated into the notion of menopause for women in this study. The realm of meanings that are incorporated into the menopausal domain are flexible and dynamic—dependent upon cultural and personal meanings and life context.

At best, this study can provide a snapshot; one which belies fluctuating negotiations for meaning or the dynamism of change over time. Certainly, from the participants' perspectives, attitudes and meanings of menopause have changed considerably since their mothers' generation and are continuing to evolve in their own lives. As Davis (1997) found in her return to Newfoundland, enormous changes have taken place in women's conceptions of menopause in the past 20 years; changes that are inextricably linked to changes in community and economy. Not surprisingly, settlement in a new environment has allowed for both shifts in understandings and attributions of meaning and continuity where warranted.[1] The impact of immigration can be examined on a variety of levels extending from the body to its connections with the economy and dominant discourses.

Embodiment and Menopause

The body is the site of apprehension of the world. In essence, all interaction and response to the outer world is suffused through the internal and expressed in verbal and physical language that is coded and reinterpreted by others. The body can be the site of repression or silence as impressions can be stored rather than voiced. The body is also the warehouse of experience, memory and symbolism which influence perception, interpretation and reflection. Expression, both verbal and non-verbal, become the meeting ground of intersubjectivity, the space of shared meaning which is reflexively incorporated by the body and re-expressed in a common language. Embodiment then is the human experience of being situated in, and reflecting back, the world around us. In the context of menopause, bodily sensations and social experience are apprehended, categorized and labeled in a manner which is formed by, and continues to form, a common parlance.

The weight and expression of menopausal symptoms amongst the Chilean and Chinese participants resonate at times with private and public pain. Noting that menopausal complaints can be used as expressions of distress is not a new observation. Earlier work (c.f. Barnett 1989) suggests that nerves are part of a universal language in which marginalized people's can articulate poverty and powerlessness. This embodiment of adversity, as Finkler (1989) defines the phenomenon of nerves, is used as an idiom of distress that can legitimately be invoked at menopause. The idiom of nerves was absent from the interviews[2] conducted in this study, but the reflexive responses offered by many participants suggest an integration between personal and political circumstance and somatic response as a result of the interdependence of psychological states and physical health. Thus many Chinese and Chilean women consciously linked the expressions of symptoms with stress or their social circumstances. The level of self-awareness apparent in these assertions may differ from that offered through the expression of nerves. For instance, in Barnett's (1989) study, Peruvian women, who could avail themselves of a sickness role at menopause through succumbing to *nervios*, might not have verbalized a link between their symptoms

and the demands placed upon them as mothers and wives. In this study, the interrelationship between complaints and life circumstance was often recognized and discussed. Both situations create a space in which distress can be sublimated, if necessary, and re-articulated and in which political economic problems are grounded in elemental bodily existence.

Amongst the Chileans, the embodiment of economic anxiety and oppressive gender roles and relations are conceived as the source of menopausal complaints; complaints that are understood by other women, but interpreted by biomedical personnel as physiological in origin. These misunderstandings resulted in some dismay about biomedical intervention at menopause. The de-politicization of women's distress as read in the physiological approach of biomedical practitioners is resisted by some women who support a more embodied position. The high level of political engagement found amongst these women undoubtedly contributes to this position where symptoms are linked to loss of employment, economic insecurity and troubled marital relations. Loss of reproductive status was also cited as a source of strain; however, not amongst the women in this study.

Some of the circumstances which engender these sources of distress, such as employment and marital difficulties, are more recently grounded in their immigrant experience, and further back, in the origins of political upheaval in Chile. Expectations in marriage may lead to disillusionment at home or in Canada; however, in Canada, families assert greater pressure on men to conform to acceptable behaviours. Women, too, may rely upon family members and a larger cohort of age-mates and friends to provide support in relational break-downs and in the entire aging process. Furthermore, economic concerns are exacerbated in Canada where many have been confined to low-wage employment because their credentials have gone unrecognized or because they were compelled to accept any work to support family members upon arrival. Despite these stresses, women see themselves as capable of reducing the severity of menopausal complaints through psychological preparation, female solidarity and

resisting negative images of loss that are rooted in reproductive capacity and femininity.

Many of the Chinese women were hesitant to disentangle menopausal complaints from both personal and public distress. Grief, public condemnation and anxiety merged with the bodily changes or imbalances experienced as part of the menopausal transition. Neither Chinese culture nor Chinese dialects invite a separation of cognition and emotion (c.f. Spitzer 1992), hence the impact of life events is incorporated at the level of the body and expressed in an integrated language. Even women who were inculcated with the values of biomedicine, were likely to interpret symptoms in this manner. The circumstances which are embodied in these women's expressions of complaints are both personal and political. Several women noted that death of a loved one contributed to their expression of symptoms, while for others their response to varying degrees of political condemnation and harassment, related to the presence of overseas relations, were conflated with their menopausal experience.

As a group, the Somali women were less ambivalent about menopause and were unlikely to attribute somatic response to the menopausal transition. The embodiment of their refugee experiences resulted in stress or nutrition-related disorders such as hypertension and diabetes whose disease labels were readily acceptable to the Somali women. Likely, the ability to assign embodied distress to menopausal complaints is contingent upon the presence of menopause as an illness category in that culture.

Embodiment of distress, or the interrelationship between personal environment and symptom expression, is acknowledged by some cultural groups, and some individuals, and utilized in their explanatory models of menopause. This is not to imply reported menopausal symptoms are psychological in origin; indeed this interpretation rejects the Cartesian mind-body dichotomy suggesting that lived experience and physical well-being are integrated. Where these interpretations are present, we also find notions that women may inoculate themselves against dramatic somatic response through positive attitudes and experiences. The self-awareness inherent in women's

observations of interlinking distress and symptomatology also carries within itself a sense that the expression of symptoms can be analyzed in the context of a woman's life. Often the severity of symptoms is trivial compared to the travails of women's lives.

Medicalization and the Commodification of the Menopausal Body

As individuals absorb and respond to their environment in a codified and shared fashion, bodies that are displaced in a foreign environment must contend with alternate ways of conceptualizing the world and negotiating competing claims for meaning and coherence. Within a common cultural context, discourses of menopause can remain invisible although local counter-discourses and resistances cannot be underestimated. With immigration, however, bodies circulate in potentially divergent arenas of menopausal discourse which influence, and at times challenge, indigenous meanings. These discourses are not neutral, but charged with powerful interests asserting claims on aging, sexuality, loss of reproductive potential and social utility. While in large, well-established communities, such as the Sikh community in Vancouver, the realm of shared experience is sufficiently broad so as to shelter new immigrants from contested meanings (c.f. George 1985); however, this study demonstrates that claims on the meanings of the menopausal body derive from both ethnic community and Canadian society, resulting in often ambivalent or contradictory messages.

The dominant menopausal discourse in Canada is based on biomedical notions that label menopause as a disease that requires medical intervention. Biomedicine and its relation to a presumably value-neutral scientific inquiry powerfully assert their ability to describe reality in a universal and truthful manner. The monolithic nature of biomedicine readily disguises both its constantly evolving claims to truth and the economic interests which guide scientific investigations and profit from technologies and research funding.

Even alternative discourses on menopause in North America are influenced by the biomedical model and continue to focus on the amelioration of menopausal symptoms. Centred on individualistic notions of self-help, much of this popular discourse emphasizes self-care and a host of marketable products to control

menopausal symptoms (Kaufert 1982). Often popular perspectives offer a reductionist view of cultural differences and menopause, suggesting that most non-Western women benefit from elevated status as they age or they maintain an estrogen-rich diet and hence do not suffer from menopausal symptoms (c.f. Bart 1969; Steinam 1995).

This rather simplistic and imagined view of the female Other is also contrasted with the harried experience of Western women who are subject to discrimination due to their physical appearance and/or age, but who are also thought to have lost the profound mother-daughter bond which would offer a well-spring of women's wisdom in all areas of life including women's health. Notably in this study, the majority of women (with exception of the Somali women) did not describe their relationships with their mothers as intimate and in few of the women's stories were mothers the source of wisdom or comfort when undergoing changes in reproductive status. Still, the romanticized visions of non-Western women—asymptomatic at menopause and aging positively—contribute to the marketability of self-help books and herbal remedies such as Dong Quai and yam cream.

The commodification of the menopausal body, however, is not limited to the panaceas offered by health food stores or through mail order; its most profitable base is within the purview of biomedicine with the promulgation of hormone replacement therapy (HRT) which demands repeated visits to health professionals and increases risks for diseases that require further health care and possible surgery.[3] Failure to partake in the benefits of HRT may leave a woman open to accusations of being an endocrine-Luddite[4], willingly allowing the body to fall into disrepair. Hormones and technologies are apparently capable of keeping the body not only in working order by stemming the ravages of aging such as bone loss and Alzheimer's disease, but they can maintain the female body-machine's major purpose—reproduction—even after natural menopause. The superiority of medical knowledge and its ability to control natural processes and body suggests that relying on choice or self-knowledge "pales in comparison

to what we do not know and cannot do—when we have to rely on doctors and medicine to do things for us" (Gladwell 1997:61).

Accompanying colonialist and capitalist expansion throughout the world, biomedicine is widespread, though divergent in practice, and was certainly not unfamiliar to the women in the study prior to immigration to Canada. From some Chinese and Chilean who were wholly reliant on biomedical practitioners to Somali women who seldom availed themselves of health services, the range of contact with biomedicine varied. The medicalization of menopause—the ability for biomedical knowledge to both colonize normal body function and to reduce suffering to a physiological orientation that can be remedied by medical means—was also both evident and resisted.

In general, Chilean women were least familiar with traditional healing traditions and were most inclined to have depended solely on biomedical practitioners. Interestingly, this group associated menopause with the greatest number of complaints and were most likely to have used or considered using HRT. Some women recall their mothers availing themselves of HRT, thus the medicalization of menopause was not a new phenomenon; although their length of stay in Canada must reinforce the acceptance of these ideas. Importantly, menstruation was also conceived of as an illness although one which did not necessarily require medical treatment. Chilean women, however, were also likely to resist explanations of physicians that were deemed reductionist and de-politicizing in contrast to their own interpretations of menopause that encompassed social and personal circumstance.[5]

In comparison to the other two groups, Chinese women presented an intermediate position vis-à-vis the medicalization of menopause. The Chinese women often embraced both traditional views of menopause, as an imbalance which could be treated with herbs, massage and stress-release, and biomedical explanations. Some women raised in Hong Kong and Taiwan were more likely to adhere to biomedical models while those who spent a greater amount of time in China were more influenced by both biomedicine and Traditional Chinese Medicine. These differences are perhaps more reflective of divergent policies

governing traditional medicine and medical pluralism than personal attitudes.[6] While in Canada, several women have considered the use of HRT and although it was offered to some in Asia, these women declined. Resistance to the biomedical model of menopause can be located in the insistence on a holistic interpretation of somatic response; an insistence which is acceptable perhaps in the practice of biomedicine in China, but would be relegated to the status of somaticization or the psychosomatic in North American practice.

Medicalization of menopause is least evident from the experience of the Somali women. Few symptoms were reported and only one woman consulted a physician about menopause. The dominant discourse focused on release from both menstruation and its intrusions into religious activity and from sexual obligations. The opinion of the single premenopausal woman, a former health professional in her mid 40s, may foreshadow a change in attitude in the next decade; for Ruhiyya, menopause and its association with aging herald an undesirable phase of a woman's life.

These findings suggest an increased likelihood for migrants to acculturate to a medicalized model of menopause as increased claims are placed on the menopausal body and as indigenous knowledge is fragmented, commodified, absorbed and re-presented in decontextualized form in the marketplace. Appeals to the commodification of the menopausal body are facilitated by the movement from private to public discourse that is witnessed in varying degrees in each of these cultural groups. While discussion of menopause remains private or is restricted to face-to-face interaction with age-mates, a parent or sibling, it remains imbued with meanings that are often local. The burgeoning of public discourse on menopause may be a welcome from the silence of their mother's generation, but women's experiences are now more likely to be informed by homogenized biomedical knowledge which readily displaces localized meanings. This trend is most apparent amongst the Chilean and Chinese women who are already familiar with biomedicine.

Role Changes

While not always concomitant with cessation of menses, women often used the term menopause to encompass not only the physical changes, but the social changes they have undergone from perimenopause to old age. These broad domains of meaning may confound the standard biomedical definition; however, it allows women to define this phenomenon in their own terms and attribute their own meanings to this phase of their lives.

Menopause was a time when Chilean women could anticipate becoming grandmothers; however, it could also signal a loss of sexual attractiveness, and resultant loss of marital stability, and the onset of old age. In Chile, menopausal women were seen as devalued both sexually and in terms of their societal contributions as women of this age would be compelled to retire. Thus women could look forward to having their world contract as they would be forced to relinquish the public realm for ambivalent status in the private realm.

Role change for the Somali women was most dramatic and most likely to be publicly acknowledged. Menopause is a time when women are consistently *dahir*, when they are capable of dedicating themselves to uninterrupted prayer and religious study. The end of childbearing also implies an end to sexual contact which was apparently viewed with some relief. In addition to caring for grandchildren, menopause is also a time when women can enjoy the respect and care of their children and other community members after having invested in their well-being for decades.

Chinese women indicated there were divergent paths in postmenopause depending upon educational background and urban or rural origins. Traditionally, women could anticipate becoming grandmothers during this time, dedicating themselves to caring for grandchildren and perhaps residing with one of their children. Urban, educated women were more likely to retire at this age (although they might continue to work) and partake in cultural and social activities. Thus women could make considerable contributions in either the public or private sphere.

The Impact of Immigration on Women's Menopausal Experiences: Negotiating the Meaning of Menopause in a New World

In the introduction, I posed a number of questions that frame the central query of this research: what is the impact of immigration on women's menopausal experience? In the course of this work, I have described how women experience menopause, how their definitions of menopause extend far beyond the scope of the biomedical definition and how role change is often encompassed in women's definitions.

Immigration has disrupted some of these patterns of role change; eliminating some while creating other opportunities. Life in Canada has also shifted exposure to discourse on menopause and the commodification of the menopausal body. It has also prompted distress in some; distress that may be read or re-cast through menopausal symptoms. As individuals with multiple identities and their attendant assertions of meaning, migrant women are compelled to negotiate between competing interpretations of menopause. Viewing how women negotiate meaning for themselves in this new world, allows us to see how women ameliorate the impact of immigration on their experiences of menopause.

Chilean women have found themselves contesting a model of menopause that defines them as asexual and old. In Canada, where women have expanded their role within the household and the public realm, they have found new opportunities to create meaning and to keep wholly negative views in abeyance. In their relationships, women are re-asserting themselves as sexual beings as part of their renegotiating marital relations in the new world while others have separated from partners who were problematic. They are seizing opportunities to engage other women in discussion of issues that were once hushed and to take time for themselves in self-reflection. Although most find great joy and meaning in being with their family, most have learned to limit their expectations of becoming grandmothers given the later onset of childbearing in Canada and ultimately to smaller family size. Moreover, women are pushing back the borders

of old age by extending career and employment opportunities which would have been curtailed in Chile in their mid 50s.

While Chilean women associate menopause with the most extensive array of symptoms and voiced more negative attitudes than the other two groups, the suffering at menopause was viewed as minimal when weighed against the experiences of political condemnation in Chile, the separation from family and friends and the burden of starting anew in another country. Spending twenty years in Canada has allowed women to adjust their expectations of aging and menopause over time; however, they could not have prepared for current economic insecurities and shifting political climate in Canada—circumstances which also contribute to women's embodied and lived experience of menopause.

As the most recent immigrants, Somali women are still tangled in the immigration process, awaiting papers, visas and approval. While the Chilean women eventually chose to remain in Canada, many Somalis hold fast to the dream that they will return to their homeland once the conflict is settled. Currently, however, the absence of family members, primarily their children, is a persistent reminder of their profound loss. This loss is ever more poignant as they mature—a time when they might anticipate a grandmothering role or enhanced respect and for those who were involved in business, greater success in their economic activities.

Still, the second major avenue of meaning available to women at menopause is increased spiritual activity and prayer. In larger centres such as Toronto or Ottawa, women seek each other out to meet, study and pray, providing comfort and companionship in an often hostile environment. Even in smaller communities such as Edmonton, family members, if available, can provide similar support in the absence of other Somali age-mates. The sensation of being *dahir* is personal and portable thus women cannot be segregated from this embodied notion of purity in postmenopause.

The Chinese women are essentially part of two different cohorts of migration. The women who arrived in the 1960s have prepared themselves for aging in Canada. They have relinquished some expectations for becoming grandmothers

and have chosen to engage in personal and community activities that provide significance. For the most recent immigrants, menopause in Canada poses greater challenges. While some have migrated to live with offspring and care for grandchildren, the fulfillment they might have anticipated is oftimes absent. Yet, some have opted to seek out other opportunities to meet with others including taking English as a Second Language (ESL) classes.

The cherished second youth that menopausal women might enjoy in China is more elusive, as it is more dependent upon economic resources in Canada. Furthermore, employment opportunities for mature women are scarce; hence women must often rely on self-created activities or internal self-fulfillment to bolster their self-assessment during this period. As with the Chilean women, Chinese women can express distress through the language of menopausal symptoms. Although some of this distress was linked to public condemnation in China, some is of a more personal origin which might have occurred in any setting.

Negotiating meaning of menopause in a new environment can be either a personal or shared phenomenon, involving a constantly shifting balance between losses and opportunities. Personal and family resources and attributes as well as political and economic forces coalesce to expand and restrict women's options in creating and re-creating their menopausal experiences.

How do these findings compare to the results of other studies on immigrant women and menopause? The earliest work by Datan, et al. (1981) focused on five Israeli ethnic groups that the researchers situated on a continuum from traditional to modern. They originally hypothesized that traditional Jews and Arabs would experience a rise in status following menopause while European Jews who were less invested in childbearing would best be able to cope with the menopausal transition. Their results revealed that both traditional Arab women and European Jews, who represented the modern pole on the continuum, were best able to cope, leading them to conclude that the stability of these two groups lent support to women's positive experience of menopause. In this study, however, the least stable group, the Somalis, had the most positive attitude

towards menopause, while the most established, the Chileans, were most ambivalent. Moreover, rather than assuming as Datan, et al. (1981) did that modern, educated women (who were presumably exposed to biomedicine) would see menopause as positive, Chilean and Chinese women who were most influenced by biomedicine were generally more conflicted about menopause than their Somali counterparts. Thus, we cannot assume the relative stability of an immigrant group will allow for a positive, or even anticipated, experience of menopause.

George's (1985) work amongst the Sikh in Vancouver revealed that women were able to maintain indigenous meanings of menopause in the context of a highly pluralistic society. Importantly, the size of the Sikh community and its well-established infrastructure allowed women to be buffered from the mainstream community and the hegemonic effects of the biomedical model. In this study, the social solidarity sought amongst co-ethnic women also proved to maintain indigenous beliefs about menopause even in smaller and less established communities. In the relatively small Chilean population in Edmonton (approximately 1,500), women sought out other Chilean women to discuss midlife issues, bolster their self-esteem and collectively re-negotiate new meanings of menopause. In Toronto and Ottawa's large, but less established Somali population, women sought the company of Somali women—often in the same apartment building—to engage in prayer and Qu'ranic study; re-enacting the appropriate behaviour for a postmenopausal woman at home. The Chinese women in Edmonton, with a population 20 times that of the Chileans, said they spoke freely with peers and spouses about menopause, even outside of their community. In contrast to the women in George's (1985) study, many of these women are, or have been, working or attending classes where they have greater opportunity to associate with non-Chinese.

The research on migration and menopause is in its nascent stages. To date, the studies cited here, and my own, only point to the complexity of understanding and assessing the impact of immigration on women's menopausal experiences, experiences that must be described in dynamic and interactive terms.

This study has been exploratory; teasing out the voices of three groups of immigrant women and looking to describe the context in which these women conceptualize and realize their menopausal experiences. Women have reflected on their ideal self to measure their expectations at home with their experiences in Canada. Those expectations are likely a hopeful glimpse of what might have been, assuming that home remained frozen in time from the day they left. This troubled women who had left their homeland in years past as they pondered what had changed and as they understood that some of their memories and expectations were relics. A comparative study that matched immigrant women and women in their native country would provide greater insight into the impact of immigration on women's menopausal experiences in a synchronic focus.

A diachronic approach would also be useful to evaluate women's changing attitudes towards menopause. This study suggests that the hegemonic quality of the biomedicine model has, and will continue to, displace local models of menopause as women acculturate and partake in a more public discourse. Following a cohort of immigrant women to assess their changing notions of the body and women's health issues could elucidate the impact of biomedical discourse on personally held beliefs and highlight women's resistance to it.

The impact of religion on women's attitudes towards their bodies, bodily emissions and reproduction must also be evaluated. For the Islamic women in this study, menstruation disrupted daily patterns, but was considered a natural event while for much of their lives, and for all of their postmenopausal years, women could be ritually clean. In contrast, Chilean women never referred to the impact of Catholicism on their attitudes towards menopause.

Placing menopause in the context of women's lives opens up many more questions that exceed the boundaries of menopause. These life stories have invoked numerous questions about memory, imagination and homeland. The Chinese women who came to Canada to join family members or seeking education or employment opportunities, seldom spoke of home in terms of

longing. In contrast, many of the Somali and Chilean women who were forced to emigrate imagined a homeland that was abundant with friends and relations. Despite many ties to the Chilean landscape, these women chose to stay in Canada; some because of political reasons, others for the sake of their children. As the crisis in Somalia evolves and the fate of the Somali refugees in diaspora is decided, it will be interesting to see how images of home shift and to see whether these women decide to stay in Canada or return to Africa. Furthermore, as the Chilean experience demonstrates, women in diaspora have expanded their roles in the household and beyond, demanding changes in gender relations; thus the impact of diaspora on gender relations and Somali culture will be of future interest. .

Many of these women experienced a decline in socioeconomic status when immigrating to Canada. While these changes in status has had some direct effect on women's ability to avail themselves of hoped for opportunities such as education, artistic endeavours or fitness facilities, the importance of changing socioeconomic status on self-identity must also be realized.

Conclusion

Until recently, research on menopause has been dichotomized between a biomedical model that conceptualizes menopause as an illness and a sociocultural model that presumes all non-Western women are jubilant in postmenopause because they attain enhanced status and are symptom-free. By attending to the voices of women from three groups, we can assert that neither of these positions adequately, or even accurately, describe women's experiences of menopause.

Menopause is generally conceived as a normal part of a woman's life and is imbued with meanings that can be personal, cultural, religious or social. In each of these groups, menopause represented a time in a woman's lifecycle that may have been concomitant with changes in the menstrual cycle but which extended in time and scope far beyond the biomedical definition of one year prior to and one

year following the last menstrual period. Furthermore, claims that menopause is essentially a Western culture-bound syndrome can be refuted by the realization that it has been, and remains, marked in each of these cultures; although the degree to which it is acknowledged publicly or privately varies.

Menopause can represent freedom from menstruation and the potential for better health for some; it can herald the onset of old age—a phase that can be revered or reviled—and it may be equated with cleanliness and freedom to pray. Physical symptoms associated with menopause can also have multiple etiologies which include social and personal circumstance. Beyond the corporeal, menopause also assumes dimensions and meanings in the social world relating to familial and gender relations as well as attitudes about gender status and aging.

The scope and dynamism of women's experiences and abilities to inculcate meaning into their "change of life" suggest that menopause may be a universal phenomenon, but it is one which is shaped in innumerable ways. In this study, women's experiences of menopause have generally not unfolded as they may have anticipated; they have been altered by the process of immigration, confounded by political and economic exigencies and isolated from familial and sometimes cultural support. As refugee and immigrant women in Canada, they contend daily with racism (structural and personal), sexism and ageism that threaten to circumscribe their lives as maturing minority women. Yet, many women continue to demonstrate their strength and flexibility and have found new ways to create and re-create meanings for menopause after migration.

Endnotes

[1] Changes in attitudes towards menopause are obviously not limited to North America. Chilean women, who have been in Canada on average the longest, were most aware that attitudes were also changing in Chile.

[2] I might have expected to hear allusion to nerves amongst the Chilean participants. All, but one, of the Chilean interviews were conducted in English and the concept was never invoked. The participants were generally well-educated and the majority were more comfortable with biomedicine than folk traditions.

[3] Ettinger (1988:33) wrote that "more than one fourth of estrogen users required a hysterectomy" in a retrospective study. Combining estrogen therapy as has been done

in recent years may eliminate some of these problems, other untoward effects may require medical intervention.

[4] At one menopause conference, a noted speaker promoting the use of HRT publicly derided his equally prominent wife for choosing to refrain from hormone therapies.

[5] Their predicament is not unfamiliar. Davis (1997:4) noted in her return visit to Newfoundland that "in the 1970s talk about the body was talk about everything else, whereas in 1989 talk about the body had become talk about the body."

[6] While China promotes a system of medical pluralism, biomedicine has been the dominant form of treatment in Hong Kong and Taiwan. In Hong Kong, biomedical practitioners had sole right to membership on the Medical Council; TCM practitioners were found only in private practice (Lee 1976). In Taiwan, the Guomindang government officially sanctioned biomedicine (Gale 1976)..

WORKS CITED

Abu-Lughod, Leila

1990 Can There Be A Feminist Ethnography? *Women and Performance* 5(4):7-27.

Abwunza, Judith

1995 Conversation Between Cultures Outrageous Voices: Issues of Voice and Text in Feminist Anthropology. In *Ethnographic Feminisms*, Sally Cole and Lynne Phillips, eds. Ottawa: Carleton University Press.

Adan, Amina H.

1981 Women and Words. *Ufahamu* 10(3):115-142.

Aeng, Ien

1994 The Differential Politics of Chineseness. *Southeast Asian Journal of Social Science* 22:72-79.

Affi, Ladan

1995 *Arraweelo: A Role Model for Somali Women.* Presentation at the Somali Peace Culture Conference, European Association of Somali Studies, October 24-25, 1995, Paris, France.

1997a The Somali Crisis in Canada: The Single Mother Phenomenon. In *Mending the Rips in the Sky: Options for Somali Communities in the 21st Century.* Hussein M. Adam and Richard Ford, eds. Lawrenceville, N.J.: Red Sea Press.

1997b *Gender Integration and the Economic Role of Somali Women.* Paper presented at the Conference on Economic Integration and Transboundary Resources, September 8-11, 1997, Addis Ababa Ethiopia.

Agosin, Marjorie

1987 *Scraps of Life: Chilean Arpilleras: Chilean Women and the Pinochet Dictatorship.* Toronto: Williams-Wallace Publishers.

1996 *Ashes of Revolt.* Fredonia, N.Y.: White Pine Press.

Agren, Hans

1976 Patterns of Tradition and Modernization in Contemporary Chinese Medicine. In *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies,* Arthur Kleinman, et al., eds. Washington, D.C.: NIH.

Ahern, Emily
1975 The Power and Pollution of Chinese Women. In *Women in Chinese Society*, Margery Wolf and Roxane Witke, eds. Stanford: Stanford University Press.

Ahmed, Leila
1992 *Women and Gender in Islam*. New Haven: Yale University Press.

Ali, Mohammed Nuuh
1995a *Needs Assessment of High Risk Somali Youth in the West End of Ottawa*. Paper prepared for Pinecrest-Queensway Health and Community Services.

1995b *The Somali Integration in Canada*. Paper prepared for the Somali Canadian Cultural Association.

Allodi, F. and G. Cowgill
1982 Ethical and Psychiatric Aspects of Torture: A Canadian Study. *Canadian Journal of Psychiatry* 27 March: 98-112.

Allodi, F. and S. Stiasny
1990 Women as Torture Victims. *Canadian Journal of Psychiatry* 35 March: 144-148.

Anagnost, Ann
1989 Transformations of Gender in Modern China. In *Gender and Anthropology*, Sandra Morgen, ed. Arlington, Va.: American Anthropological Association.

Anderson, Benedict
1991 *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. London: Verso Books.

Balibar, Etienne
1996 Fictive Ethnicity. In *Ethnicity*, John Hutchinson and Anthony D. Smith, eds. Oxford: Oxford University Press.

Ballinger, Susan
1985 Psychosocial Stress and Symptoms of Menopause: A Comparative Study of Menopause Clinic Patients and Non-Patients. *Maturitas* 7:315-327.

Barnett, Elyse Ann
1989 Notes on Nervios: A Disorder of Menopause. *Health Care for Women International* 10(2-3):159-169.

Bart, Pauline
1969 Why Women's Status Changes in Middle Age: The Turns of the Social Ferris Wheel. *Sociological Symposium* 3:1-18.

Belli, Gioconda
1994 *The Inhabited Woman.* New York: Warner Books.

Benjamin, Walter
1968 Theses on the Philosophy of History. In *Illuminations.* New York: Schocken Books.

Bertaux, Daniel
1981 From the Life-History Approach to the Transformation of Sociological Practice. In *Biography and Society: The Life History Approach in the Social Sciences,* Daniel Bertaux, ed. Beverly Hills, Ca.: Sage Publications.

Beyene, Yewoubdar
1989 *From Menarche to Menopause: Reproductive Lives of Peasant Women in Two Cultures.* Albany: State University of New York.

Bhayana, Bhooma
1991 Healthshock. *Healthsharing* 12(3):28-31.

Bonnerjea, Lucy
1985 *Shaming the World: The Needs of Women Refugees.* London: CHANGE.

Boyd, Monica
1990 Immigrant Women: Language, Socioeconomic Inequalities and Policy Issues. In *Ethnic Demography Canadian Immigrant, Racial and Cultural Variations,* Shiva Halli, Frank Trovato and Leo Drieger, eds. Ottawa: Carleton University Press.

1995 Migration Regulations and Sex Selective Outcomes in Developed Countries. In *International Migration Policies and the Status of Female Migration.* New York: United Nations.

Brettel, Caroline and Patricia A. DeBerjeois
1992 Anthropology and the Study of Immigrant Women. In *Seeking Common Ground: Multidisciplinary Studies of Immigrant Women in the United States,* Donna Gabaccia, ed. Westport, Conn.: Greenwood Press.

Brink, Pamela and Marilynn Wood
1988 *Basic Steps in Planning Nursing Research: From Question to Proposal, 3rd Edition.* Boston: Jones and Barlett Publishers.

Buijs, Gina
1993 Introduction. In *Migrant Women: Crossing Boundaries and Changing Identities.* Gina Buijs, ed. Oxford: Berg Publishers.

Bunster-Burotto, Ximena
1986 Surviving Beyond Fear: Women and Torture in Latin America. In *Women and Change in Latin America,* June Nash and Helen Icken Safa, eds. South Hadley, Mass.:Bergin and Garvey Publishers.

Bustos, J.
1980 Mythology about Women, with Special Reference to Chile. In *Sex and Class in Latin America,* June Nash and Helen Icken Safa, eds. South Hadley, Mass.:Bergin and Garvey Publishers.

Camino, Linda
1994 Refugee Adolescents and their Changing Identities. In Linda Camino and Ruth Krulfeld, eds., *Reconstructing Lives, Recapturing Meaning: Refugee Identity, Gender and Culture Change,*

Carr, Irene Campos
1990 Women's Voices Grow Stronger: Politics and Feminism in Latin America. *NWSA Journal* 2(3):450-463.

Celan, Paul
1988 *Poems of Paul Celan.* New York: Persea Books.

Chaney, Elsa
1973 Old and New Feminists in Latin America: The Case of Peru and Chile. *Journal of Marriage and the Family* 35(2): 331-343.

Chang, Chueh
1995 *Menopausal Experiences of Chinese in Taiwan.* Presentation to the Society for Menstrual Cycle Research. Montréal, June 4-6.

Chin, Pa
1972 [1931] *Family.* Prospect Heights, Ill.: Waveland Press.

Code, Lorraine
1991 *What Can She Know? Feminist Theory and the Construction of Knowledge.* Ithaca: Cornell University Press.

Cole, Sally
1995 Taming the Shrew in Anthropology: Is Feminist Ethnography "New" Ethnography? In *Ethnographic Feminisms.* Sally Cole and Lynne Phillips, eds. Ottawa: Carleton University Press.

Coney, Sandra
1994 *The Menopause Industry: How the Medical Establishment Exploits Women.* Alameda, Ca.: Hunter House.

Croll, Elizabeth
1994 *From Heaven and Earth: Images and Experiences of Development in China.* London: Routledge Press.

Csordas, Thomas
1994 Introduction. *Embodiment and Experience: The Existential Ground of Culture and Self,* Thomas Csordas, ed. Cambridge: Cambridge University Press.

Datan, Nancy, Aaron Antovsky and Benjamin Maoz
1981 *A Time Yet to Reap: The Middle Age of Women in Five Israeli Subcultures.* Baltimore: Johns Hopkins University Press.

Davis, Deborah and Stevan Harrell
1993 Introduction: The Impact of Post-Mao Reforms on Family Life. In *Chinese Families in the Post-Mao* Era, Deborah Davis and Stevan Harrell, eds. Berkeley: University of California Press.

Davis-Friedmann, Deborah
1991 *Long Lives: The Elderly and the Communist Revolution.* Stanford: Stanford University Press.

Davis, Dona L.
1983 *Blood and Nerves: An Ethnographic Focus on Menopause.* St. John's: Memorial University of Newfoundland Institute of Social and Economic Research.

1997 Blood and Nerves Revisited: Menopause and the Privatization of the Body in a Newfoundland Postindustrial Fishery. *Medical Anthropology Quarterly* 11(1): 3-20.

de Souza, Margaret
1990 The Colours of Menopause. *Healthsharing* 12(3):14-17.

di Leonardo, Micaela
1991 Contingencies of Value in Feminist Anthropology. In *(En)Gendering Knowledge: Feminists in Academe,* Joan E. Hartman and Ellen Messer-Davidow, eds. Knoxville: University of Tennessee Press.

Dickson, Geri
1989 *The Knowledge of Menopause: An Analysis of Scientific and Everyday Discourses.* Unpublished Ph.D. dissertation. University of Wisconsin-Madison.

Diczfalusy, Egon
1986 Menopause, Developing Countries and the 21st Century. *Acta Obstetrics & Gynecology Scandinavian Supplement* 134:45-57.

Duden, Barbara
1991 *The Woman Beneath the Skin: A Doctor's Patients in 18th Century Germany.* Cambridge: Harvard University Press.

Eastman, Lloyd E.
1988 *Family, Field and Ancestors: Constancy and Change in China's Social and Economic History, 1550-1949.* Oxford: Oxford University Press.

Eastmond, Marita
1993 Reconstructing Life: Chilean Refugee Women and the Dilemmas of Exile. In *Migrant Women: Crossing Boundaries and Changing Identities,* Gina Buijs, ed. Oxford: Berg Publishers.

Ettinger, Bruce
1988 Optimal Use of Postmenopausal Hormone Replacement. *Obstetrics and Gynecology* (Supplement) 72(5):31-16.

Featherstone, Mike
1991 The Body in Consumerist Culture. In*The Body: Social Process and Cultural Theory,* Mike Featherstone, Mike Hepworth and Bryan Turner, eds. London: Sage Publications.

Felsteiner, John
1995 *Paul Celan: Poet, Survivor, Jew.* New Haven: Yale University Press.

Felsteiner, Mary Lowenthal
1983 Family Metaphors: The Language of An Independence Revolution. *Comparative Studies in Society and History* 25:154-184, 1983.

Finkler, Kaja
1989 The Universality of Nerves. *Health Care for Women International* 10(2/3):171-179.

Flint, Marcha
1974 *Menarche and Menopause of Rajput Women.* Unpublished Ph.D. dissertation, CUNY.

Fornazzari, X. and M. Freire
1990 Women as Victims of Torture. *Acta Psychiatrica Scandinavia* 82:257-260.

Foucault, Michel
1975 *The Birth of the Clinic.* New York: Vintage.

1979 *Discipline and Punish: The Birth of the Prison.* New York: Vintage.

Forché, Carolyn
1994 *The Angel of History.* New York: HarperCollins Publishers.

Frideres, James S.
1992 Changing Dimensions of Ethnicity in Canada. In *Deconstructing a Nation: Immigration, Multiculturalism and Racism in '90s Canada,* Vic Satzewich, ed. Halifax: Fernwood Publishing.

Furth, Charlotte and Ch'en Shu Yueh
1992 Chinese Medicine and the Anthropology of Menstruation in Contemporary Taiwan. *Medical Anthropology Quarterly* 6(1):27-48.

Gale, James L.
1976 Patient and Practitioner Attitudes Toward Traditional and Western Medicine in a Contemporary Chinese Setting. In *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies,* Arthur Kleinman, et al., eds. Washington, D.C.: NIH.

Ganguly, Keya
1992 Accounting for Others: Feminism and Postmodernism. In *Women Making Meaning: New Feminist Directions in Communication,* Lana F. Rakow, ed. New York: Routledge Press.

Garrett, Patricia
1982 Women and Agrarian Reform: Chile, 1964-1973. *Sociologia Ruralis* 22(1):17-29.

Geiger, Susan
1986 Women's Life Histories: Method and Content. *Signs* 11(2):334-351.

George, Theresa
1985 *There is a Time for Everything: A Study of Menopausal/Climacteric Experience of Sikh Women in Canada.* Unpublished Ph.D. dissertation, University of Utah.

1996 Women in a South Indian Fishing Village: Role Identity, Continuity, and the Experience of Menopause. *Health Care for Women International,* 17:271-279.

Gersony, Robert
1990 Why Somalis Flee: A Synthesis of Conflict Experience in Northern Somalia by Somali Refugees, Displaced Persons and Others. *International Journal of Refugee Law* 2(1):4-53.

Gladwell, Malcolm
1997 The Estrogen Question: What's Wrong with Dr. Susan Love? *The New Yorker* June 9: 54-61.

Goodman, Madeleine
1980 Towards a Biology of Menopause. *Signs* 5(4):739-753.

Harding, Sandra
1987 Introduction: Is There a Feminist Method? In *Feminism and Methodology*, Sandra Harding, ed. Bloomington: Indiana University Press.

1991 Who Knows? Identities and Feminist Epistemologies. In *(En)Gendering Knowledge: Feminists in Academe*, Joan E. Hartman and Ellen Messer-Davidow, eds. Knoxville: University of Tennessee Press.

Helman, Cecil
1990 *Culture, Health and Illness.* Oxford: Butterworth-Heinemann, Ltd.

Hill, P., L. Garbaczewski, P. Helman, J. Huskisson, E. Sporangsia and E.L. Wynder
1980 Diet, Lifestyle and Menstrual Activity. *American Journal of Clinical Nutrition* 33 (June):1192-1198.

Hsü, Immanuel C. Y.
1983 *The Rise of Modern China.* New York: Oxford University Press.

Ibrahim, Rhoda
1991 The Changing Lives of Somalian Women. In *Changing Perceptions: Writings on Gender and Development*, Tina Wallace and Candida March, eds. London: Oxfam.

Kaplan, Temma
1990 Community and Resistence in Women's Political Cultures. *Dialectical Anthropology* 15:259-267.

Kaptchuk, Ted
1983 *The Web That Has No Weaver: Understanding Chinese Medicine.* New York: Congdon and Weed.

Kaufert, Patricia
1982 Myth and the Menopause. *The Sociology of Health and Illness* 4(2): 141-166.

Kaufert, Patricia and John Syrotiuk
1981 Symptom Reporting at the Menopause. *Social Science and Medicine* 15(3): 173-184.

Kaufert, Patricia, Margaret Lock, Sonja McKinlay, Yewoubdar Beyenne, Jean Coope, Dona Davis, Mona Eliasson, Maryvonne Gognalons-Nicolet, Madeleine Goodman and Arne Holte.
1986 Menopause Research: The Korpilampi Workshop. *Social Science and Medicine* 22(11):1285-1289.

Kaufman, Sharon R.
1986 *The Ageless Self: Sources of Meaning in Late Life.* Madison: University of Wisconsin Press.

Kay, Diana
1987 *Chileans in Exile: Private Struggles, Public Lives.* Houndmills, UK: Macmillan Press.

Kendall, P.R.W.
1992 *A Pilot Study of the Health and Social Needs of the Somali Community in Toronto.* Toronto: Department of Public Health.

Kleinman, Arthur
1980 *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry.* Berkeley: University of California Press.

Krulfeld, Ruth and Linda Camino
1994 Introduction. In *Reconstructing Lives, Recapturing Meaning, Refugee Identity, Gender and Culture Change.* Linda Camino and Ruth Krulfeld, eds. Basel: Gordon and Breach Publishers.

Laurence, Margaret
1993[1954] *A Tree for Poverty.* Hamilton: McMaster University Library Press.

Leatherman, Thomas L., Alan H. Goodman and R. Brooke Thomas
1993 On Seeking Common Ground Between Medical Ecology and Critical Medical Anthropology. *Medical Anthropology Quarterly* 7(2): 202-207.

Lee, Kyung Nye
1997 Korean Urban Women's Experience of Menopause: New Life. *Health Care for Women International* 18:139-148.

Lee, Rance
1976 Interaction Between Chinese and Western Medicine in Hong Kong: Modernization and Professional Inequality. In *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies,* Arthur Kleinman, et al., eds. Washington, D.C.: NIH.

Lewis, Ioan M.
1988 *A Modern History of Somalia: Nation State in the Horn of Africa.* Boulder: Westview Press.

1994 *Blood and Bone: The Call of Kinship in Somali Society.* Lawrenceville, N.J.: The Red Sea Press, Inc.

Lim, Shirley Geok-Lin

1996 *Among the White-Moon Faces: An Asian-American Memoir of Homelands.* New York: The Feminist Press.

Lock, Margaret

1993a *Encounters with Aging: Mythologies of Menopause in Japan and North America.* Berkeley: University of California Press.

1993b Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge. *Annual Review of Anthropology* 22:133-155.

Lock, Margaret and Nancy Scheper-Hughes

1990 A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Descent. In *Medical Anthropology: A Handbook of Theory and Method,* Thomas Johnson and Carolyn Sargent, eds. New York: Greenwood Press.

Luce, Gay Gaer

1971 *Biological Rhythms in Human and Animal Physiology.* New York: Dover Publications, Inc.

Lyon, M.L. and J.M. Barabalet

1994 Society's Body: Emotion and the "Somatization" of Social Theory. In *Embodiment and Experience: The Existential Ground of Culture and Self,* Thomas Csordas, ed. Cambridge: Cambridge University Press.

MacEoin, Gary

1974 *No Peaceful Way: Chile's Struggle for Dignity.* New York: Sheed and Ward, Inc.

MacPherson, Kathleen I.

1981 Menopause as Disease: The Social Construction of a Metaphor. *Advances in Nursing Sceince* 3(2):95-113.

1985 Osteoporosis and Menopause: A Feminist Analysis of the Social Construction of a Syndrome. *Advances in Nursing Science* 7(4):11-22.

Mansur, Abdalla Omar

1997 Aspects of the Somali Tribal System. In *Mending the Rips in the Sky: Options for Somali Communities in the 21st Century.* Hussein M. Adam and Richard Ford, eds. Lawrenceville, N.J.: Red Sea Press.

McElroy, Ann and Patricia K. Townsend
1986 *Medical Anthropology in Ecological Perspective.* Boulder: Westview Press.

Meschkat, Klaus
1992 Frauen und Frauenbewegung in Demokratisierungsprozessen Lateinamerikas—das Beispeil Chile. *Peripherie* 47/48:22-30.

Mitteness, Linda
1983 Historical Changes in Public Information about the Menopause. *Urban Anthropology* 12(2):161-179.

Mocellin, Jane S.P.
1993 *Psychosocial Consequences of the Somalia Emergency on Women and Children: A Report to UNICEF and WHO.* Winnipeg: University of Manitoba.

Mohamed, Hamdi S.
1997 Somali Refugee Women's Experience in Kenyan Refugee Camps and Their Plight in Canada. In *Mending the Rips in the Sky: Options for Somali Communities in the 21st Century.* Hussein M. Adam and Richard Ford, eds. Lawrenceville, N.J.: Red Sea Press.

Morsy, Soheir
1990 Political Economy in Medical Anthropology. In *Medical Anthropology: A Handbook of Theory and Method,* T.M. Johnson and C.F. Sargent, eds. New York: Greenwood Press.

Nann, Beverly
1982 Settlement Programs for Immigrant Women. In *Uprooting and Surviving: Adaptation and Resettlement of Migrant Families and Children.* Richard C. Nann, ed. Dordrecht: D. Reidel Publishing.

Narayan, Uma
1989 The Project of Feminist Epistemology Perspectives from a Nonwestern Feminist. In *Gender/Body/Knowledge,* Alison M. Jagger and Susan R. Bordo, eds. New Brunswick, N.J.: Rutgers University Press.

Ng, Roxanna and Judith Ramierez
1981 *Immigrant Housewives in Canada.* Toronto: The Immigrant Women's Centre.

Ntiri, Daphne Williams
1987 *Female Education in Somalia: A Survey to Assess the Situation and Needs of Women.* Paris: UNESCO-UNICEF-WFP Co-operative Programme.

Odens, B.J., M.J. Boulet, P. Lehert and A.P. Visser
1992 Has the Climacteric Been Medicalized? A Study on the Use of Medication for Climacteric Complaints. *Maturitas* 15:171-181.

Ong, Aihwa
1988 Colonialism and Modernity: Feminist Re-Presentations of Women in Non-Western Societies. *Inscriptions* 3/4:78-93.

1995 Women Out of China: Traveling Tales and Traveling Theories in Postcolonial Feminism. *Women Writing Culture*, Ruth Behar and Deborah Gordon, eds. Berkeley: University of California Press.

Opoku-Dapaah, Edward
1995 *Somali Refugees in Toronto: A Profile*. Toronto: York Lanes Press.

Oudshoorn, Nelly
1994 *Beyond the Natural Body: The Archaeology of Sex Hormones*. London: Routledge Press.

Patton, Mark
1996 *Hidden Flames: An Exploration of the Limits of Culture and the Integration Experiences of Somali Newcomers in Ottawa*. Unpublished paper.

Payer, Lynn
Medicine and Culture. New York: Penguin Books.

Perrone, Bobette, H. Henrietta Stockel and Victoria Krueger
1989 *Medicine Women, Curanderas and Women Doctors*. Norman: University of Oklahoma Press.

Personal Narratives Group
1989 Origins. In *Interpreting Women's Lives: Feminist Theory and Personal Narratives*, Personal Narratives Group, eds. Bloomington: University of Indiana Press.

Phillips, Lynne
1995 Difference, Indifference and Making a Difference: Reflexivity in the Time of Cholera. In *Ethnographic Feminisms*, Sally Cole and Lynne Phillips, eds. Ottawa: Carleton University Press.

Potter, Shulamith Heins and Jack M. Potter
1990 *China's Peasants: The Anthropology of a Revolution*. Cambridge: Cambridge University Press.

Robinson, Douglas
1991 *The Translator's Turn*. Baltimore: Johns Hopkins University Press.

Sagaris, Lake
1996 *After the First Death: A Journey Through Chile, Time, Mind.* Toronto: Sommerville House Publishing.

Salzinger, Leslie
1991 A Maid By Any Other Name: The Transformation of "Dirty Work" by Central American Immigrants. In *Ethnography Unbound: Power and Resistence in the Modern Metropolis,* Michael Burawoy, et al., eds. Berkeley: University of California Press.

Samatar, Ahmed I.
1988 *Socialist Somalia: Rhetoric and Reality.* London: Zed Books.

Scheper-Hughes, Nancy
1991 The Subversive Body: Illness and the Micropolitics of Resistance. *Anthropology UCLA* Special Issue Spring: 43-70.

Schiller, Nina Glick, Linda Basch and Christina Blanc-Szanton
1992 Transnationalism: A New Analytic Framework for Understanding Migration. In *Towards a Transnational Perspective on Migration: Race, Class, Ethnicity and Nationalism Reconsidered,* Nina Glick Schiller, Linda Basch and Christina Blanc-Szanton, eds. New York: Academy of Sciences.

Shami, Seteney
1996 Transnationalism and Refugee Studies: Rethinking Forced Migration and Identity in the Middle East. *Journal of Refugee Studies* 9(1):3-26.

Sharma, Vinod Kumar and M.S.L. Saxena
1981 Climacteric Symptoms: A Study in the Indian Context. *Maturitas* 3: 11-20.

Simalchik, Joan
1992 Somali Torture Survivors in Canada. *Refuge* 12(5):27.

Simmons, Allan B.
1990 "New Wave" Immigrants: Origins and Characteristics. In *Ethnic Demography Canadian Immigrant, Racial and Cultural Variations,* Shiva Halli, Frank Trovato and Leo Drieger, eds. Ottawa: Carleton University Press.

Simons, Anna
1995 *Networks of Dissolution: Somalia Undone.* Boulder: Westview Press.

Singer, Merrill
1993 A Rejoinder to Wiley's Critique of Critical Medical Anthropology. *Medical Anthropology Quarterly* 7(2):185-191.

Singer, Merrill and Hans Baer
1995 *Critical Medical Anthropology.* Amityville, N.Y.: Baywood Publishing Company.

Smith-Rosenberg, Caroll
1974 Puberty to Menopause: The Cycle of Femininity in 19th Century America. In *Clio's Consciousness Raised: New Perspectives on the History of Women,* Mary Hartmen and Lois Banner, eds. New York: Harper and Row.

Sørenson, Ninna Nyberg
1995 Roots, Routes and Transnational Attractions: Dominican Migration, Gender and Cultural Change. In *Ethnicity, Gender and the Subversion of Nationalism,* Fiona Wilson and Bodil Folke Frederiksen, eds. London: Frank Cass.

Spitzer, Denise L.
1992 *The Heart Thinks: The Politics of Somaticization and Medical Anthropology.* Unpublished paper.

Spitzer, Denise L.
1995 More than the Change: Diversity and Flexibility in Menopausal Experience. In *Hot Flashes: Women Writers on the Change of Life.* Lynne Taetzsch, ed. Boston: Faber and Faber.

Strathern, Marilyn
1987 An Awkward Relationship: The Case of Feminism and Anthropology. *Signs* 12(2): 276-292.

Statistics Canada
1992 *Immigration and Citizenship: Census 1991.* Ottawa: Minister of Industry, Science and Technology.

1997 1996 Census: Immigration and Citizenship. *The Daily* November 4.

Steinam, Gloria
1995 Age—And a Blessing. In *Hot Flashes: Women Writers on the Change of Life.* Lynne Taetzsch, ed. Boston: Faber and Faber.

Summerfield, Hazel
1993 Patterns of Adaptation: Somali and Bangladeshi Women in Britain. In *Migrant Women: Crossing Boundaries and Changing Identities,* Gina Buijs, ed. Oxford: Berg Publishers.

Szaz, Thomas
1994 The Sane Slave: An Historical Note on the Use of Medical Diagnosis as Justifactory Rhetoric. In *The Production of Reality,* Peter Kollock and Jodi O'Brien, eds. Thousand Oaks, Ca.: Pine Forge Press.

Tavris, Carole
1992 *The Mismeasure of Woman.* New York: Touchstone.

Timmerman, Jacobo
1987 *Chile: Death in the South.* New York: Alfred A. Knopf.

Tomic, Patricia and Ricardo Trumper
1992 Canada and the Streaming of Immigrants: A Personal Account of the Chilean Case. In *Deconstructing a Nation: Immigration, Multiculturalism and Racism in '90s Canada,* Vic Satzewich, ed. Halifax: Fernwood Publishing.

Turner, Terence
1994 Bodies and Anti-Bodies: Flesh and Fetish in Contemporary Social Theory. In *Embodiment and Experience: The Existential Ground of Culture and Self,* Thomas Csordas, ed. Cambridge: Cambridge University Press.

UNICEF
1987 *Women and Children in Somalia: A Situation Analysis.* Mogadischu: UNICEF.

United Nations Secretariat
1995 The International Migration of Women. In *International Migration Policies and the Status of Female Migration.* New York: United Nations.

Watson, Lawrence and Maria-Barbara Watson-Franke
1985 *Interpreting Life Histories: An Anthropological Inquiry.* New Brunswick, N.J.: Rutgers University Press.

Wickberg, Edgar
1982 *From China to Canada: A History of the Chinese Communities in Canada.* Toronto: McClelland and Stewart.

Wiley, Andrea
1992 Adaptation and the Biocultural Paradigm in Medical Anthropology: A Critical Review. *Medical Anthropology Quarterly* 6(3):216-236.

Wilson, Fiona and Bodil Folke Frederiksen
1995 Introduction: Studies in Ethnicity, Gender and the Subversion of Nationalism. In *Ethnicity, Gender and the Subversion of Nationalism,* Fiona Wilson and Bodil Folke Frederiksen, eds. London: Frank Cass.

Wolf, Margery
1970 Child Training and the Chinese Family. In *Family and Kinship in Chinese Society*, Maurice Freedman, ed. Stanford: Stanford University Press.

1985 *Revolution Postponed: Women in Contemporary China*. Stanford: Stanford University Press.

Women's Book Committee, Chinese Canadian National Council
1992 *Jin Guo: Voice's of Chinese Canadian Women*. Toronto: Women's Press.

Young, David, Zusanna Forgacs and Denise Spitzer
1992 *Can Studying the Chinese Model of Medical Pluralism Help the Canadian Health Care System?* Paper presented to the Canadian Council on Multicultural Health Conference, 2nd National Conference. Multicultural Health II: Towards Equity in Health, April 22-25.

Zhang, En Q
1990 *Basic Theory of Traditional Chinese Medicine*. Shanghai: Shanghai Institute for Traditional Chinese Medicine Publishing Society.

Zola, Irving K.
1972 Medicine as an Institution of Social Control. *Sociological Review* 20(4):487-502.

Appendix 1

Research Methods

Data Collection

Three ethnocultural groups were selected for this study; each group varies as to the length of time they have been established in Canada, their reasons for immigration and the contrasts between Euro-Canadian culture and their native cultures. I had previous and on-going contact with members from each of these communities which greatly facillitated the research endeavour. Originally, all of the research was to take place in the Edmonton area; however, the small size and relative youth of the Somali community required that ten of these interviews be conducted in Toronto and Ottawa. Eleven women from each ethnocultural community was selected using network sampling—a method well suited to small populations which may be difficult to enter (Brink and Wood 1988).

Interviewing

Prior to the interview, informed consent was obtained in writing or on tape. In the event one was used, the interpreter also signed a confidentiality form. Interviews were taped and conducted in one or two sessions. One Somali interview was conducted via telephone. In this case, the participant had an opportunity to review the transcript of the interview to correct any errors. A semi-structured interview guide was employed to facilitate the interview; personal and demographic information was collected at the end of the meeting.

A Note About Terms

As one of the purposes of this research is to explore the meanings of menopause in these three communities, I made no attempt to disentangle the way in which informants used the term. Menopause, therefore, may be used at time to describe what might be termed by biomedicine as perimenopause or it may be conflated with aging. Although the results may appear at times

confusing, the emic understandings of this phenomenon were meant to predominate.

Analysis

A content and theme analysis was used to gain an understanding of the interview data. I used both close reading and QSR N.U.D.I.S.T. to code and sort the data. Codes were assigned to broad categories such as basic demographic data, immigration, gender relations, health, reproductive health and aging, social network and affect and values. Each of these categories was expanded to increasing complexity that was greatly facilitated by the use of a computer program. For instance, one code stood for immigration/reaction to immigration/guilt/regret; another represented reproductive health and aging/menopause/attitude toward menopause/negative/aging. Once the transcripts were coded, statements about certain issues were readily compiled and could be correlated with demographic data or other categories.

The thematic analysis was derived primarily from multiple readings of the transcripts both in context and in major categories such as health, immigration, reproductive health, etc. as organized by the computer coding. Re-reading the material in different formats allowed me to view both the continuity within one woman's story and her experiences as shared or disparate from other women in her community. Certain phrases or assertions rose to prominence in the readings, giving rise to the thematic analysis. Drafts of each data chapter were reviewed by at least two participants or interpreters to reinforce the validity of the analysis.

Project Outline for Participants

I am interested in learning about the lives of Somali, Chilean and Chinese women between the ages of 45 and 75 who have immigrated to Canada in the past twenty years and are no longer menstruating. I hope that by learning more about your experiences, I can help health care and social agency personnel help you and your family in the future.

As I would like to learn about your life, your interview may take time. We could do this in more than one session, whatever is best for you. The interviews will be taped and transcribed. I will keep the tapes in a safe place and destroy them after the project is finished.

If you agree to participate in the study, I will ask you to sign or tape record your consent. Any information you provide to me will be confidential. I will give you another name which will be used on all papers that I will have in my possession and in anything I write. If necessary, I will change some of the details of your life so you cannot be identified. Any interpreter or translator working with the study has also agreed to keep your identity secret.

Please feel free to call me if you have any questions or concerns,

Denise Spitzer, Phone number

Consent Form

Women's Experience of Menopause

in Three Ethnocultural Communities

Researcher:

Denise Spitzer

Department of Anthropology, U of A

Tel:

Supervisor:

Dr. Pamela J. Brink

Faculty of Nursing, U of A

Tel:

The purpose of this study is to learn more about the lives of Chinese, Chilean and Somali women who are new to Canada. Specifically, I am interested in middle age and your experiences about menopause, the end of your menstrual periods; however, I am interested in learning about what you find important. There are no right or wrong answers, there is only your own story and your own opinions. Please feel free to ask me any questions regarding the study.

Your participation in this study will involve 1 to 3 hours of interviews which may be done in your home or mine or another place that is convenient for you. The interview will be taped and I may make notes for myself. Myself, my supervisor and possibly a typist or translator, are the only ones who will listen to the tape or read transcripts of our conversations. Any interpreter or translator used to assist in the study has agreed to maintain your confidentiality as well.

I will keep the tape and transcript in a safe place and will erase the tapes after the project is completed. I may ask you to review the transcript of our interview and to comment on other material I have written.

I will randomly select another name for you and will use this name on all material I keep and in any public presentations, written and oral, of the project. I may also change some details of your life so that you will not be personally recognized in any public presentation of the research.

At all times, you have the right to:

* Refuse to answer any question
* Stop the interview at any point
* Withdraw from the study at any time, in this case, I will use only the information you have given me with your permission. If you do not wish me to use this information, I will destroy it or give it to you.

I_____ agree to voluntarily participate in this study.

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

Interpreter's Agreement

Women's Experience of Menopause
in Three Ethnocultural Communities

The purpose of this study is to learn more about the lives of Chinese, Chilean and Somali women who are new to Canada. In order to conduct the study, an interpreter or a translator may be used in the course of interviews, transcriptions of recorded interviews and participant observation.

Confidentiality and anonymity of study participants is essential and is a major commitment undertaken by the researcher for the participants and study population. The interpreter and/or translator is a partner in that committment; therefore, any information obtained during the course of the study bound by the consent of the participant must include the assurance that you are also committed to maintaining an individual's confidentiality and anonymity.

Thank you for agreeing to take on such an important role in this study, your participation is greatly appreciated!

I, _____ agree to uphold study participant's rights to complete confidentiality and anonymity in the course of assisting in this project.

_____ _____

Interpreter/Translator Date

_____ _____

Researcher Date

Demographic and Personal History

Name_____ Date_____

Address_____

Telephone_____

Date of Birth_____Place of Birth_____

My hometown is:

Large urban centre_____ Small urban centre_____Town_____

Cultural Identity_____Religion_____

I moved to Canada in 19_____. Marital Status_____

Occupation in home country_____in Canada_____

Spouse's occupation

in home country_____ in Canada_____

Highest level of education you have completed:

Elementary School_____High School_____ College_____

University_____Graduate School_____Vocational School_____

Other_____

Highest level of education your spouse completed if applicable:

Elementary School_____High School_____ College_____

University_____Graduate School_____Vocational School_____

Other_____

Household Income is $0-$10,000_____ $11,000- 20,000_____

$21,000-$30,000_____ $30-40,000_____ $41,000-50,000 _____

$51,000-$60,000_____ $61,000-$70,000____ over $70,000 _____

What do you normally eat for breakfast?

_____

What do you normally eat for lunch?

_____

What do you normally eat for dinner?

_____

Do you think your diet is different from your diet at home? If so, how?

_____

_____

Number of Births_____

Age of Menarche_____ Age at Menopause_____

Birth Control Use:IUD_____ Birth Control Pills_____

Diaphragm _____ Other_____

For how long? 1-5 years _____ 5-10 years _____ 15+ years_____

Menstrual History:

Menstrual periods were always regular: yes _____ no_____

Menstrual cramps: yes_____no_____

Other pain with menstrual periods?_____

Did your periods end abruptly? Yes_____no____

Life History Interview: Guide to Topics

General

1. Tell me about the most important events in your life.
2. Tell me about how you immigrated to Canada.
3. Tell me about your living conditions. How does it differ from your living conditions in _____?
4. Tell me about your working conditions. How does it differ from your working conditions in _____? (If applicable)

Community Affiliation

1. What language do you speak at home?
2. What language do you speak with your friends?
3. Do you belong to any organizations or partake in any community activities?

Health

1. If you are ill, what do you do?
2. If a member of your family is ill, what do you do?
3. Have you seen a physician in the past 3 years? Can you tell me about it?
4. Have you seen any other type of healer/practitioner in the past 3 years? Can you tell me about it?
5. Can you tell me what menstruation was like for you? Who told you about menstruation? How did you fell about it?
6. Can you tell me what childbirth was like for you? How did you feel about it? (If applicable)

Menopause/ Middle Age

1. What is middle-age? What events or circumstances describe middle-age?
2. What is old age? What events or circumstances describe old age?
3. What is menopause? When does it occur?
4. When or how did you decide you were going through it?
5. What was your experience like? Was it different from others you know?
6. What would be the ideal (ethnic) situation for a middle aged woman? a menopausal woman?
7. How did your experiences compare to this ideal?
8. How do you feel your experiences were the same or different from other women you know?

Appendix 2

Chilean Participants

Anna grew up with a close-knit family in a rural area. Encouraged by her mother to obtain higher education, Anna was forced to leave Chile as a student because of her political engagement. A 43-year old married mother of two, she is now a professional and volunteer in the Chilean community.

Christina left Chile with her child several years after the murder of her husband at the hands of the military. Politically-active herself, Christina found it difficult to find sufficient work to support her family during the dictatorship. Now, at age 58, Christina is a successful professional in Canada and is engaged in numerous creative endeavours.

Esther is a university-educated janitor and a mother of three. In Chile, Esther worked with marginalized people teaching literacy and nutrition. She and her family arrived in Canada in 1975 after her husband was released from a prison camp.

Eva is a 50 year old married mother of 2. A professional in Chile, she and her family immigrated to Canada in 1976 because of her husband's political activities. In Canada, she re-trained and works in another profession. Eva and her husband are active volunteers in the Chilean community.

Lulla, a divorced 58 year old, arrived in Canada in 1986 to join her son. A small business person in Chile, Lulla studied English and trained in a new career in Canada. At age 58, she is now successfully engaged in the social service sector.

Luz, age 70, was born in rural Chile. She and her husband fled Chile in 1976 after his release from a concentration camp. Employed in Canada in a factory, Luz is now retired. She enjoys the company of her children and grandchildren who reside in the same apartment complex.

Marcelle is a retired janitor and mother of one adopted child. Marcelle ran a small business, but left with her family came to Canada in 1976 fearing persecution for political reasons. Currently, she volunteers with various seniors and religious organizations.

Marjorie, a 50 year old nurse, arrived in Canada with her husband and child in 1976 after her husband was released from a concentration camp. Marjorie is employed in her chosen profession in Canada and has been active in the Chilean community and with the arts.

Marta, age 45, is a divorced mother of two who was actively engaged in political activities in Chile prior to the coup. Narrowly escaping detention on several occassions, Marta sought refuge in Canada with her husband. In Canada, Marta continued her involvement in social activism. She has been employed in the trades for the past 20 years.

Monica joined family members in Canada in 1990. Actively engaged in politics in Chile, Monica works as a childcare worker in Alberta and volunteers for social justice organizations. In her late 50s, Monica is contemplating a return to Chile. .

Rosa grew up in a poor family in rural Chile. She and her husband were involved in political activities as students which compelled them to leave Chile in 1974. Now divorced, Rosa is employed as a technician and volunteers in the Chilean community.

Demographic and Personal Characteristics of Chilean Participants

N=11

Education		*Occupation (Chile)*		*Occupation (Canada)*	
elementary	1	professional	3	professional	4
high school	2	business	2	technical	2
vocational	2	service sector	1	service sector	2
university	5	housewife	2	housewife	2
graduate	1	student	3	janitor	1

Year of Immigration		*Marital Status*		*Number of Children*	
1974-76	9	married	7	1	3
1977-85	0	divorced	3	2	5
1986-90	2	single	1	3-4	3

Age		*Menopausal Status*[1]		*Age at Menopause*		*Age at Menarche*	
Average	58.7	pre:	1	Average	48.33	Average	12.5
Range	43-70	peri:	2	Range	43-53	Range	10-17
		post:	6				
		surgical[2]	1				

Contraceptive Use[3]		*Menstrual Cycle*		*Menstrual Symptoms*		*Menstrual periods end abruptly?*	
pill	4	regular	9	cramping	7	yes	2
IUD	4	irregular	0	other[4]:	1	no	4
tubal ligation	4	none	1	none	3	does not apply	5
other	3	did not respond	1				

[1] One of the women never menstruated, hence there is reproductive health information on ten women only.

[2] Refers to hysterectomy.

[3] Women used more than one form of contraception throughout their reproductive lives; therefore the number of responses exceeds the number of participants.

[4] Includes breast tenderness, backaches, headaches, bloating and excessive bleeding.

Appendix 3

Somali Participants

Aisha lives in Toronto near some of her eight children and her grandchildren. From a wealthy family in Somalia, Aisha now dedicates her time to Qu'ranic study with her friend Khadija.

Aman, age 70, was a business woman in Mogadischu Her husband was killed before her during the war. The mother of nine is hoping to bring her remaining children to Canada.

Amina, a 73 year old widowed mother of 11, ran a farm for many years in northern Somalia before joining her family in Toronto. She returned to Somalia in 1996.

Fatma is a divorced mother of five living in Toronto. She is anxiously awaiting landing documents to reunite with her mother.

Fatoun, a mother of six in her mid 50s, lost many family members in the conflict in Somalia. She is waiting for documents which would allow her to reunite with her husband and children who are in India and Africa.

Hodan, age 49, was a successful business woman in Somalia. Currently separated, Hodan lives in Edmonton with her 14 children.

Khadija, age 70, grew up as a nomad and married to a man of her choice at age 15. A widowed mother of two, Khadija lives with her brother's children and spends her days with with Aisha.

Maryam lives in Ottawa with her six children. A business woman in Somalia, she was able to educate four children in American universities. Maryam, age 52, is now currently unemployed.

Raqiya lives in Toronto where four of her nine children reside. At age 66, she is studying English and Qu'ranic studies; she hopes one day to return to Somalia

Ruhiyya is a divorced mother of four living in Ontario. Ruhiyya is engaged in social service and community activities and works as a translator.

Safia was a business woman in Somalia and now lives in Toronto with two children. She has been waiting for five years for landed immigrancy status to sponsor her husband and the remaining seven children to Canada.

Demographic and Personal Characteristics of Somali Participants
N=11

Education		*Occupation (Somalia)*		*Occupation (Canada)*	
elementary	5	professional	1	professional	1
vocational	1	business	4	unwaged	10
no answer	6	agriculture	1		
		housewife	5		

Year of Immigration		*Marital Status*		*Number of Children*	
1990-93	8	married	3	1-4	2
1994-97	3	divorced[1]	4	5-9	6
		widowed	4	10-15	3

Age[2]		*Menopausal Status*		*Age at Menopause*[3]		*Age at Menarche*[4]	
Average	58.3	pre:	1	Average	48	Average	15.4
Range	46-73	peri:	0	Range	44-50	Range	13-16
		post:	10				
		surgical	0				

Contraceptive Use[5]		*Menstrual Cycle*[6]		*Menstrual Symptoms*[7]		*Menstrual periods end abruptly?*	
pill	n/a	regular	n/a	cramping	n/a	yes	n/a
IUD	n/a	irregular	n/a	other:	n/a	no	1
tubal ligation	n/a	none	n/a	none	n/a	does not apply	
other	n/a	did not respond	n/a				

[1] Includes separated.
[2] Two of the women declined to give their age; in these cases, an estimate was used.
[3] Only three women responded to this question.
[4] Five women responded to this query.
[5] For religious reasons, questions regarding contraception were avoided.
[6] Given the average number of children borne by these women, menstruation would have been a relatively infrequent occurrence.
[7] Women did not wish to address specific questions about menstruation or menopause. They spoke about menarche, but responded generally about menstrual symptoms. Only one woman described how her periods ended; others spoke in more generalized terms.

Appendix 4

Chinese Participants

Ada moved to Canada in 1976 to join her husband in an arranged marriage. Working in his family's business until they retired in 1996, Ada has also raised three children. Currently, Ada is studying English, taking fitness classes and volunteering at her church.

Bi Yun, a 61-year old physician from China, reunited with her family in Canada in 1993 following a long separation. She and her husband, also a physician, are currently unemployed. They live with their son in Edmonton.

Cora came to Edmonton in 1992 as an entrepreneur. After her busiess failed, Cora been re-training in another field; she is now looking for employment. This 49-year old mother of two is also a volunteer for several community agencies.

Ding, a retired welder from China, joined family members in Canada in 1993. A mother of two, Ding is now employed as a childcare worker. She and her husband live with one of their children in Edmonton.

Lai Ming was raised in Macau in a large wealthy family. Working until marriage as a midwife, Lai Ming is the mother of four. Moving to Canada in 1993, she now lives with her son and his family in Edmonton.

Lin Fong was born in China and has lived throughout Asia. She moved to Canada to join her three children who were completing doctoral degrees. A retired nursing professor, Lin Fong is recently widowed and now dedicates herself to volunteer activities.

May moved to Canada in 1964, joining her new husband and his family to run a restaurant in rural Saskatchewan. Throughout her life, this mother of two has worked in family businesses, often using her language skills to to aid others.

Ming was born in a wealthy family in China and moved to Hong Kong when their class status made life difficult. She moved to Canada with her husband in 1969 and worked throughout rural Alberta. Ming is currently working in the social service sector.

Mui worked as an obstetrician-gynecologist practicing both biomedicine and Traditional Chinese Medicine in China. She came to Canada in 1992 to join her husband who was working in Edmonton.

Sarah joined her husband in Canada over 25 years ago and worked in rural Alberta for over a year before settling in Edmonton. A health professional, student and mother, Sarah is engaged professionally and

voluntarily in helping other Chinese immigrants.

Shui Yee was born in China and moved to Taiwan with her husband who was a GMD officer. A 74-year old mother of four, Shui Yee practices T'ai Chi and calligraphy and volunteers with several Chinese community organizations.

Demographic and Personal Characteristics of Chinese Participants
N=11

Education		*Occupation (China)*		*Occupation (Canada)*	
elementary	1	professional	5	professional	1
high school	3	business	2	unemployed	4
vocational	2	trade	1	retired	1
university	4	housewife	3	service	2
graduate	1			janitor	1
				business	1
				housewife	1

Year of Immigration		*Marital Status*		*Number of Children*	
1964-70	3	married	10	1	2
1971-89	1	divorced	0	2	3
1990-97	7	widowed	1	3-4	6

Age		*Menopausal Status*		*Age at Menopause*		*Age at Menarche*[1]	
Average	59.2	pre:	0	Average	49.88	Average	12.75
Range	49-74	peri:	2	Range	45-54	Range	11-15.5
		post:	6				
		surgical[2]	3				

Contraceptive Use[3]		*Menstrual Cycle*		*Menstrual Symptoms*		*Menstrual periods end abruptly?*	
pill	2	regular	4	cramping	3	yes	0
tubal ligation	2	irregular	0	other[4]:	1	no	4
other	2	did not respond	7	none	1	does not apply[5]	5
did not respond	3			did not respond	6	did not respond	2

[1] N=10, one woman did not wish to recall her age at menarche.
[2]Refers to hysterectomy.
[3] Women used more than one form of contraception throughout their reproductive lives; therefore the number of responses exceeds the number of participants.
[4] Includes breast tenderness, loss of appetite.
[5] Includes three women who had hysterectomies and two women who are perimenopausal.